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COUNTY BOROUGH OF DARLINGTON

ANNUAL REPORT

OF THE

Medical Officer of Health

1949

JOSEPH V. WALKER, M.D., M.R.C.P., D.P.H.

MEDICAL OFFICER OF HEALTH

SCHOOL MEDICAL OFFICER



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ANNUAL REPORT, 1949.

To the Chairman and Members
of the Health Committee.

Ladies and Gentlemen,

I have the honour to present my Annual Report for 1949 upon the health of the County Borough of Darlington. The year has shown no outstanding events, and the health of the population, as reflected in the statistics available to me and by the information reaching me from various sources, remained satisfactory. One adverse observation needs special remark; the unfortunate increase of the infant mortality rate to 44.0 per 1,000 live births, as compared with 31.6 for the previous year and with 32 for 1949 for England and Wales. This matter receives further attention in the body of the Report and no specially significant factors to account for it were discerned, but it serves to emphasise that only at the cost of perpetual vigilance can we keep such advances as we have gained. An epidemic of relatively mild influenza was widespread throughout the country in the early part of the year; Darlington was not specially affected, though the general practitioners were kept busier than usual by it. The town was equally fortunate in respect of poliomyelitis, of which fell disease there was a return to epidemic proportions comparable with 1947 and extending unusually late into the Autumn. Only two Darlington people were affected, at least to an extent sufficient to be diagnosed. Practitioners comment upon the enormous demands made on their time, but whether and to what extent the high incidence of minor illness is a real indication of declining vitality or an as yet unresolved side-effect of the National Health Service Act remains to be seen. The younger section of the population, as observed at baby welfare clinics and at school, showed for the most part a flourishing state and there is no doubt of the good brought about by the preferential rationing of the expectant and nursing mother and of the young child. There were two maternal deaths during the year, a small number, but two too many.

I have referred to the work of the various sections of the Health Department in a few remarks under the appropriate heading in the Report. I should like to draw attention particularly to the developments recorded under "Therapeutic Handicrafts" and "Health Education" and to the opinion expressed in my notes on "Home Help." There are also matters of less satisfactory import to be recorded, such as the lack of substantial progress made towards a community care service for psychiatric patients, the failure so far to integrate a service in the home for old people and the ignorance on the part of this Department of the real extent of chronic sickness and handicap among the population except in respect of a few well-known conditions, such as tuberculosis and blindness. I may say that these are all matters where a forward move is eagerly awaited as soon as opportunity and adequacy of staff permit. Other difficulties were encountered outside the remedy of the Local Health Authority. One

cannot help wondering whether the tuberculosis service of the future will fulfil the promise of the past. This is not to say that the service as it was required no improvement, but development was taking place in accordance with the laws of growth conditioned by its circumstances at a satisfactory rate. This rate of change was interrupted by the war and we have yet to see whether the new organisation has not interrupted it still further. Suffice it to say that tuberculosis is pre-eminently a disease where prevention, home care and rehabilitation play as important a part as treatment in hospital and it was therefore appropriate that the senior officer concerned with it should have been the Medical Officer of Health of the major local authorities. To imply, as is the case at present, that this side of the work is of inferior status and of less value as compared with merely clinical care, is to suggest a fantastic misappreciation of realities.

Another heading in the Report refers to Housing, and here we have a matter upon which some special comment is, I believe, necessary. It is a problem that needs to be faced fairly and squarely by all who desire the well-being of their fellowmen and a true estimate is most likely to be reached when it is frankly admitted that no easy solution can be found. Administrative bottle-necks may be eased by one means or another; that is not for discussion here. What is for discussion is the effect of present housing conditions upon the health and happiness of the people.

Relatively speaking, Darlington is fortunate. The general standard of housing is high and very few areas can be described as slum. There was no war damage and the town is prosperous, so that the number of adverse factors is as small as could be anywhere at the present time. During 1949 there was a constant stream of applications to the Health Department, seeking to urge some special claim to priority consideration for rehousing, and I made a personal investigation into 84 of them. This represented only a fraction of the families needing houses, and while they were perhaps some of the worst situated, because of adverse medical circumstances of one sort or another, they can be regarded as typical of the many. There was not one case where the fact of having to share a home indefinitely with another or other families was not having a bad effect upon some or all the people concerned, leading to frustration, anxiety and discontent even where definite physical ills could not be attributed to the abnormal circumstances. Every family is by its nature a self-contained group and the inability of so many young married couples to establish themselves under their own roof in their own individual home (be it pre-fab., tenement or caravan no matter, so long as it is their own) is the strongest possible means of thwarting the development of their personalities by the denial of a natural right of marriage to say nothing of the ill-effects upon their children. Since marriage is voluntary, it might be argued that it should be avoided until times were more propitious. This is the response of mature wisdom, but not of young blood, nor would it benefit our population if it were conscientiously observed. It is also fair to remember the point of view of the other players in the tragedy, the householders, often the

parents of one or other of the younger partners, around whose hearth these intruders into their circle perforce prolong indefinitely their unwelcome stay, and the present situation must have been emphasised to many middle-aged parents, as to their children, that marriage means a final ending of an old dependent or semi-dependent relationship when a completely new family is brought into being. This present dearth of houses is a kind of starvation, not perhaps of an essential foodstuff, lack of which means death, but of some accessory factor such as vitamin D., required for normal health and growth. As deprivation of the vitamin leads to deformities of the body, so deprivation of a home leads to deformity of the family. I therefore say without hesitation and without fear of serious contradiction that housing has the first claim today on the resources of the State and as far as building labour and materials are concerned, the health of the nation demands that they be concentrated on this as an exclusive and overriding end.

Nothing that I have written is to be construed as a criticism of the Housing Department of the Corporation, with which the Health Department works in complete harmony and understanding. My friend and colleague, the Borough Treasurer, the Chief Official of that Department, would, I know, be the first to associate himself with the claims of humanity as here expressed. Some may think that this introductory letter savours rather of the message of the oracle described by G. K. Chesterton in "The Ballad of the White Horse":

"I tell you naught for your comfort,
Yea naught for your desire,
Save that the night grows darker yet,
And the sea rises higher."

I construe it to be my duty as your Medical Officer of Health to interpret to you the situation as I see it within my terms of reference and to the best of my ability, and to state the truth whether pleasant or unpleasant. Knowing your concern for these matters I have no doubt of the kind consideration you will give to my remarks, and I feel assured of your continued interest and support in the future as I unfailingly received them in 1949.

I should not like to end without expressing my thanks to my staff, who one and all have given of their best to the good of the Department. Though the Chief Official has the publicity and does the talking, it is the staff who do the work, much of it unseen and unremarked, and it is upon them that efficiency depends. If, then, you are at all satisfied with the manner in which the Health Department has carried on during 1949, you will know to whom it has been due.

I have the honour to be,

Your Obedient Servant,

JOSEPH V. WALKER,
Medical Officer of Health.

MEMBERS OF THE HEALTH COMMITTEE.

Alderman A. J. Best, J.P. (Chairman).

Alderman J. Waters, M.P.S. (Vice-Chairman).

Councillor W. Cottam.

Councillor A. Nichol.

„ A. E. Docherty.

„ E. Palmer.

„ R. H. Loraine.

„ B. E. Pigg.

„ G. L. Mortimer,
M.C., A.C.A.

„ A. E. Powell.

„ Mrs. A. E. Nelson.

„ J. Ward.

„ J. G. Willey.

Co-opted Members—Dr. W. W. Forsyth and Dr. E. P. Waters.

STAFF.

Medical Officer of Health and School Medical Officer	Joseph V. Walker, M.D., M.R.C.P., D.P.H.
Assistant Medical Officer of Health	John Fleming Bishop, M.B., Ch B C.P.H.
Assistant Medical Officer of Health for Schools	Annabella McGarrity, M.B., Ch.B., D.P.H., D.O.M.S.
School Dental Officer	J. L. Liddell, L.D.S.
Assistant Dental Officer	Vacant.
Public Analyst	C. J. H. Stock, B.Sc., F.I.C.
Chief Sanitary Inspector	F. Ward ^{1 2 3}
Deputy Chief Sanitary Inspector	J. R. White ^{1 2 3}
Sanitary Inspectors	A. F. Theakston ^{1 2 3} S. Daley ^{1 2 3} D. G. Warde ¹ C. Coulson ¹ (from 7 3 49 to 31 8 49). F. D. T. George ^{1 3} (from 17 10 49).
Senior Health Visitor	Miss E. Winch ^{4a 5 6}
District Health Visitors	Miss A. M. McIlwaine ^{4a 5} Miss M. Milestone ^{4a 5 6} Mrs. J. L. Copping ^{4a 5 6} Miss F. E. Smith ^{4a 5 6} Mrs. A. Brown ^{4a 5 6} (till 30 4 49). Miss D. S. Owen ^{4a 5 6} (from 1/11 49). Miss B. Peacock ^{4a 5 6} (temporary from 1 11 49).

Tuberculosis Health Visitor	...	Miss A. Thornton ^{4a 5 6}
Superintendent Midwife	...	Miss E. Dempsey ^{4a 5 6}
District Midwives	...	Mrs. F. R. Hawley ⁵ Mrs. I. Wilson ⁵ Miss E. Shaw ⁵ Miss W. Thompson ^{4a 5} Miss J. Gibson ^{4a 5} (from 1.4.49). Mrs. A. E. Oakley ^{4a 5} (till 31.3.49)
Matron of Nursery—North Road		Miss M. Scott Hope ^{4a 5} (till 30.11.49).

1. Certificate of Royal Sanitary Institute and Sanitary Inspector's Joint Board.
2. Certificate of Royal Sanitary Institute for Meat and Food Inspectors.
3. Associate of the Royal Sanitary Institute.
4. State Registered Nurse:—(a) General; (b) Fever; (c) Sick Children.
5. State Certified Midwife.
6. Health Visitor's Certificate of the Royal Sanitary Institute for Health Visitors and School Nurses.

Mental Welfare Social Workers		Miss E. Black. Mrs. J. Paxton. Mrs. F. Pinchen.
Handicraft Instructor	...	J. W. F. Wilson.
Registrar of Births, &c.	...	E. K. Corlett.
Chief Clerk	...	Hugh R. Kirk.
Clerical Staff	...	Miss F. E. Gibbon Miss G. W. Ruecroft. Mrs. E. Ward. Miss D. Robinson. Miss M. Bell. Miss B. Sowden. I. Burnley. V. J. Scarre. A. R. Lambert.
Rodent Operative	...	R. S. Walton
Disinfector (part-time)	...	W. Hunter.

SECTION A.

VITAL STATISTICS.

Height above sea level—100 to 240 feet.

Area of Borough in acres—6,463.

Resident population (Registrar General's estimate, 1949)—84,830.

Resident population (last census)—72,093.

Percentage increase in 19 years on last census population—17.67%.

Density of population per acre—13.

Inhabited houses (at 31st March, 1950):

(a)	Dwelling houses	23,814
(b)	Dwelling houses and shops	716
(c)	Licensed premises	131
Total ...		<hr/> 24,661 <hr/>

Rateable value (at 31st March, 1950)—£588,360.

Sum represented by 1d. rate (at 31st March, 1950)—£2,335.

Birth rate per 1,000 population—16.3.

Death rate per 1,000 population—11.5.

Natural increase—406.

Infant mortality rate per 1,000 live births—44.0.

Neo-natal mortality rate per 1,000 live births—23.8.

Still birth rate per 1,000 births—24.5.

Deaths from notifiable infectious diseases (other than tuberculosis)—0.

Deaths from diarrhoea (under 2 years)—8.

Deaths from pulmonary tuberculosis—34.

do. do. non-pulmonary tuberculosis—4.

do. do. cancer—161.

do. do. circulatory diseases—401.

do. do. pneumonia and bronchitis—96.

do. do. violent causes—32.

Deaths under four weeks—33.

Maternal deaths—2.

Deaths of persons 65 years and over—62% of all deaths.

Deaths of persons 75 years and over —35% of all deaths.

Births and Deaths, 1949:—

Live births:

Legitimate ... 1,305 (males—683; females—622)

Illegitimate ... 81 (males— 32; females— 49)

Still births—34.

Deaths—980 (males—495; females—485).

Death rate of infants under one year:—

All infants per 1,000 live births	44.0
Legitimate infants per 1,000 legitimate live births ...	42.1
Illegitimate infants per 1,000 illegitimate live births	61.7
Neo-natal death-rate per 1,000 live births	23.8
Still birth-rate per 1,000 births	24.0

Inquests held—55.

Uncertified deaths—40.

Deaths in institutions — 346 (including 28 in institutions outside the Borough. This is equivalent to 35.3% of all deaths compared with 34% in 1939 and 34.1% in 1940).

TABLE I.

Comparable Table of Vital Statistics, 1930—1949.

Year	Estimated Population.	Birth-Rate*		Death-Rate*		Infant Mortality*	
		Dar- lington	England & Wales	Dar- lington	England & Wales	Dar- lingto	England & Wales
1930	72,380	16.8	16.3	11.5	11.4	76	60
1931	72,750	15.3	15.8	12.5	12.3	73	66
1932	72,820	15.6	15.3	11.2	12.0	67	65
1933	73,340	13.8	14.4	12.0	12.3	67	65
1934	74,550	14.8	14.6	10.8	11.8	60	59
1935	75,300	14.8	14.7	12.2	11.7	59	57
1936	75,500	15.5	14.8	12.7	12.1	58	59
1937	75,620	15.1	14.9	12.9	12.4	58	58
1938	75,930	15.8	15.1	12.9	11.6	56	53
1939	76,900	16.8	15.0	12.5	12.1	56	50
1940	77,720	16.3	14.6	13.9	14.3	58	55
1941	80,010	16.4	14.2	12.4	12.9	54	59
1942	78,880	15.7	15.8	12.1	11.6	59	49
1943	77,400	16.0	16.5	13.5	12.1	53	49
1944	77,640	19.8	17.6	12.5	11.6	42	46
1945	78,280	17.5	16.1	12.4	11.4	40	46
1946	82,710	19.6	19.1	11.9	11.5	40	43
1947	83,600	20.6	20.5	12.5	12.0	38	41
1948	84,000	18.4	17.9	11.6	10.8	32	34
1949	84,830	16.3	16.7	11.5	11.7	44	32

* Rate Per Thousand

The following Tables provide further information relating to the cause and place of deaths in the Borough and to the special incidence of mortality among infants under 1 year of age and among children aged 1 and over and under 15 years of age.

TABLE II.

Deaths occurred from the following causes :—

WARD		Harrowgate Hill	North Road	Cockerton	Northgate	Pierremont	Central	North-East	Eastbourne	West	South	TOTAL	Inward Transfers	GRAND TOTAL	
1	Typhoid and paratyphoid fevers	...	...	...	...	...	...	...	...	...	...	...	...	...
2	Cerebro-spinal fever	...	...	...	...	...	...	...	...	...	...	...	...	...
3	Scarlet fever	...	...	...	...	...	...	...	...	...	...	...	...	...
4	Whooping cough	...	...	...	...	...	...	...	...	...	...	...	...	...
5	Diphtheria	...	...	...	...	...	...	...	...	...	...	...	...	...
6	Tuberculosis of respiratory system	...	4	3	1	5	4	3	3	6	...	3	32	2	34
7	Other forms of tuberculosis	...	...	1	...	...	1	...	...	...	1	3	1	4
8	Syphilitic disease	...	...	...	1	1	...	...	1	...	1	4	1	5
9	Influenza	...	...	...	...	...	...	...	...	...	...	...	...	...
10	Measles	...	...	...	...	...	...	...	...	...	...	...	...	...
11	Acute poliomyelitis and polioencephalitis	...	...	...	...	...	...	...	...	...	...	...	...	...
12	Acute infectious encephalitis	...	...	...	...	...	...	...	...	...	...	...	...	...
13M	Cancer of buccal cavity and œsophagus	...	1	...	...	1	2	1	1	1	...	7	1	8
13F	Cancer of uterus	...	...	1	...	...	1	2	1	1	3	9	...	9
14	Cancer of stomach and duodenum	...	5	2	4	4	2	6	1	4	2	1	31	...	31
15	Cancer of breast	...	2	...	1	2	2	2	...	2	2	15	...	15	
16	Cancer of all other sites	...	9	7	16	8	6	11	11	11	11	4	94	4	98
17	Diabetes	...	...	...	1	...	...	1	...	1	...	3	...	3
18	Intra-cranial vascular lesions	...	1	3	4	4	4	9	6	6	5	11	53	2	55
19	Heart disease	...	7	9	18	10	25	10	15	18	24	27	163	6	169
20	Other diseases of the circulatory system	...	19	12	16	11	22	16	11	26	18	18	169	8	177
21	Bronchitis	...	10	4	6	5	1	4	...	3	6	2	41	...	41
22	Pneumonia	...	4	7	4	4	2	11	4	7	8	2	53	2	55
23	Other respiratory diseases	...	...	...	...	1	2	2	4	5	...	14	1	15
24	Ulceration of the stomach or duodenum	1	1	...	1	1	...	1	2	7	...	7
25	Diarrhœa (under 2 yrs. of age)	1	1	1	...	1	1	2	...	1	8	...	8
26	Appendicitis	...	...	1	...	...	1	...	...	1	...	3	1	4
27	Other digestive diseases	1	2	5	1	...	5	...	3	2	19	1	20
28	Nephritis	...	2	1	...	1	1	...	2	1	2	11	...	11	
29	Puerperal and post-abortive sepsis	...	...	...	...	1	...	...	...	...	...	1	...	1
30	Other maternal causes	...	...	...	...	...	...	...	1	...	...	1	...	1
31	Premature birth	...	1	3	3	...	2	...	2	...	1	14	1	15	
32	Congenital malformations, birth injury, infantile disease	...	2	...	3	2	2	1	...	6	1	3	20	...	20
33	Suicide	...	...	1	...	...	...	...	1	...	...	2	2	4
34	Road traffic accidents	...	2	3	...	1	2	2	...	1	...	1	12	...	12
35	Other violent causes	...	1	...	2	1	3	2	2	1	12	4	16
36	All other causes	...	17	22	8	9	7	13	11	19	14	15	135	7	142
TOTALS		...	87	82	91	75	87	100	80	124	107	103	936	41	980

The deaths occurred at the following ages :—

Under 1 week	25	} Total 61	1—2 years	2
1—2 weeks	5		2—5 "	4
2—3 "	2		5—15 "	8
3—4 "	1		15—25 "	20
1—3 months	10		25—45 "	60
3—6 "	10		45—65 "	220
6—9 "	3		65—75 "	263
9—12 "	5		75 years and upwards	342

TABLE III.

Seasonal Incidence of Deaths Under 1 Year, 1949.

	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	TOTAL
ALL CAUSES	24	15	13	9	61
Meningitis (not Tuberculous)	...	...	...	1	1
Tuberculous Meningitis	1	...	...	...	1
Pneumonia (all forms)	5	3	2	3	13
Gastro-enteritis	1	1	4	2	8
Injury at Birth	2	...	3	...	5
Atelectasis	1	2	1	...	4
{ Congenital Malformations	4	5	...	1	10
{ Premature Births	8	4	2	1	15
{ Atrophy, Debility and Marasmus	...	...	...	...	...
Other Causes	2	...	1	1	4

TABLE IV.

Infant Mortality, 1949.

Net deaths from stated causes at various ages under one year of age.

	Under 1 week	1—2 weeks	2—3 weeks	3—4 weeks	Total under 4 weeks	4 weeks—3 months	3—6 months	6—9 months	9—12 months	Total Deaths under 1 year
All Causes { Certified	25	5	2	1	33	10	10	3	5	61
Uncertified	...	...	...	...	...	...	...	...	...	...
Meningitis (not Tuberculous)	...	...	...	...	...	...	1	...	...	1
Tuberculous Meningitis	...	...	...	...	...	...	...	...	1	1
Pneumonia (all forms)	...	...	...	...	...	5	5	2	1	13
Gastro-enteritis	...	...	...	...	...	4	1	1	2	8
Injury at Birth	4	1	...	...	5	...	...	...	...	5
Atelectasis	3	...	1	...	4	...	...	...	...	4
{ Congenital Malformations	3	3	...	...	6	1	2	...	1	10
{ Premature Birth	11	1	...	...	15	...	...	...	...	15
{ Atrophy, Debility and Marasmus	...	...	...	...	...	...	...	...	...	...
Other causes	1	...	1	1	3	...	1	...	...	4
TOTAL	25	5	2	1	33	10	10	3	5	61

TABLE V.

Mortality among Children, 1-5 years and Children of School Age.

Causes of Death					Total											Total
	1	2	3	4	1-5	5	6	7	8	9	10	11	12	13	14	1-15
Run over by Motor Bus	1	...	...	...	...	...	...	...	1
" " " Lorry	1	...	1	...	...	...	...	...	...	...	...	...	...	1
Accident in Home	...	1	1	...	2	...	...	1	...	...	...	...	...	...	...	3
Rheumatic heart infection	1	...	...	...	1
" Fever	1	...	...	...	...	...	1
Pneumonia, Broncho	1	1	2	...	...	...	...	...	...	...	...	...	...	2
Bronchitis	...	1	...	...	1	...	...	...	...	...	...	...	...	...	...	1
Acute Infective hepatitis	1	...	...	...	1
Congenital dementia paralytica	1	...	...	...	...	...	1
Suppurative Otitis Media	1	...	...	...	1
Appendicitis	1	...	...	...	1
TOTAL	...	2	2	2	6	...	...	2	...	1	1	1	3	...	...	14

TABLE VI.

Still Births, 1949

All stillbirths	...	...	34	Born in hospital	...	26	Born at home	...	8
Sample analysed	...	...	22	"	"	17	"	"	5

Maternal Causes—

Toxaemia	...	...	4
Rhesus factor	...	...	1
Syphilis	...	...	1
Nephritis	...	...	1

Faults in normal development of pregnancy—

Interference	...	...	1
Ante-partum Haemorrhage	...	...	2
Foetal deformity	...	...	1
Post-maturity	1

Difficulties at delivery—

Cord round neck of foetus	...	3	No obvious cause	7
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TABLE VII.

1949 Cancer Deaths—Parts of Body Affected.

Parts Affected	under 35		35-45		45-55		55-65		65-75		75 and over		TOTAL	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Mouth and Throat	1	...	2	...	1	1	1	...	5	1
Gastro Intestinal	1	1	4	1	3	10	5	25	17	10	15	47
Genito Urinary	...	1	...	...	1	3	2	8	2	4	2	2	8	17
Breast	3	...	1	...	2	...	5	...	4	...	15
Bones	1	...	...	1	...	...	1	...	2	1
Glands	1	...	1	...	...	...	2	...
Thorax	1	2	...	1	...	4	2	1	1	1	10	3
Skin, etc.	1	...	...	...	1	...
Brain	1	...	1	...	1	...	...	1	...	3	1
TOTAL	...	2	1	4	7	6	7	19	19	31	28	16	21	78

Commentary.—The number of persons dying over 65 years of age showed another increase in 1949, being 62% of all deaths as compared with 60% in 1948, while the number of persons who were 75 years and over when they died was 35% of all deaths as compared with 33.6% in 1948. It will also be noted that the deaths from cancer were 161 as compared with 142 in 1948, and the deaths from circulatory diseases were 401 as compared with 371. These two causes together accounted for 57.3% of all deaths and the increase is no doubt to be attributed very largely to the increased expectation of life, since both diseases are mainly represented in later years. While a certain number of deaths due to circulatory diseases may perhaps be accurately attributed to normal wear and tear, and so should perhaps be more truly classified as senility, the majority are due to pathological degenerative changes which should be preventable, and hence prevented. Cancer is an entirely pathological process and in theory preventable, though it has to be confessed that up to the present very little effective is known about its prevention. Up to the present Health Departments have been so greatly occupied by the problems of infectious diseases that other varieties of illness have hardly come within their scope, except to record their existence. Now that the earlier principal concern of Health Authorities is less urgent, an opportunity exists to extend the field of preventive medicine more widely.

With regard to infant mortality, 1949 shows a marked deterioration on the previous year when the infant mortality rate was 31.6 as against 44.0. It is to be observed from the table that of the 61 deaths, 21, or 34%, were due to pneumonia and gastro enteritis, which being infections are theoretically capable of prevention. None of these deaths occurred during the first four weeks of life. Such deaths are known as the neo-natal mortality, and they account for 33 of the total, 25 of them in the first week of life. Of these, 14 were attributed to premature birth. The incidence of stillbirth has a natural relationship with neo-natal mortality, and it is interesting to observe that the stillbirth rate was 24.0 per 1,000 births as compared with the neo-natal mortality rate of 23.8 per 1,000 live births. A table has been drawn up to show the seasonal incidence of deaths under one year and this indicates that the largest number died during the first quarter of the year. There does not appear to be any outstandingly significant feature about this fact. The one baby who died of tuberculous meningitis should, of course, be regarded as a preventable death, as he must have been exposed to the infection from an open case at a very early age.

Among children over one year of age and under 15 (Table V) accidents in the home or street accounted for 5 of the 14 deaths, a large proportion from a preventable cause. The other causes are also all theoretically preventable.

A new table has been included this year showing a partial analysis of the stillbirths in 1949 and though details were not to hand for all, the number on whom reports were obtained was sufficient to give an indication of causes and it is hoped to provide a fuller table and more adequate commentary next year.

SECTION B.

PREVALENCE AND CONTROL OVER INFECTIOUS DISEASES.**§ 1. GENERAL.**

The following table shows the incidence of infectious diseases and also their disposal to the Isolation Hospital. The initials "C" and "M" designate civil and military patients. The arrangement with the military authorities to admit certain cases of infectious disease among officers and other ranks and their families at Catterick Camp to the hospital was continued by the Darlington District Hospital Management Committee throughout 1949 and patients from rural areas were also admitted under continuing earlier agreements as well as because their homes were within the area of the Darlington Hospital District.

Though the Darlington Corporation has no further responsibility or direct interest in the sometime Borough Isolation Hospital, which has been re-named Hundens Hospital by the Hospital Management Committee, the facilities for treatment of infectious diseases are an integral part of their control and must therefore be considered in the overall picture of their incidence. Moreover, the Medical Officer of Health has remained in clinical charge of the beds allocated to infectious diseases under a take-over agency arrangement. At the end of the year there still awaited a final clarification in a contract between the Local Health Authority and the Regional Hospital Board of his clinical duties as a consultant. Pending this agreement, the day-to-day care of the patients in hospital was undertaken throughout 1949 by the Assistant Medical Officer of Health.

TABLE VIII.
Incidence of Infectious Diseases.

DISEASE.	Borough Cases				Cases removed to and Deaths in Isolation Hospital							
					From Borough				From Rural and other Districts			
	Total Cases Notified		Total Deaths		Cases		Deaths		Cases		Deaths	
	C.	M.	C.	M.	C.	M.	C.	M.	C.	M.	C.	M.
Smallpox ... ..	...	...	...	...	...	...	...	...	...	...	...	...
Scarlet Fever	61	...	...	...	42	...	...	...	27	76	...	...
Diphtheria	1	...	...	...	1	...	...	...	6	1	...	...
Typhoid and Para-typhoid Fevers	3	...	...	...	3	...	...	...	1	...	...	...
Erysipelas	6	...	...	...	2	...	...	...	4	...	...	...
Ophthalmia Neonatorum	1	...	...	...	...	...	...	...	...	...	...	...
Puerperal Pyrexia ...	13	...	1	...	2	...	...	...	2	...	...	...
Babies with Mothers	...	...	...	...	...	...	...	...	...	...	...	...
Pneumonia	22	...	55	...	5	...	...	...	...	...	...	...
Measles	549	...	...	...	10	...	...	...	7	9	...	...
Pulmonary Tuberculosis ...	50	...	34	...	37	...	2	...	2	...	...	...
Other forms of Tuberculosis	10	...	4	...	4	...	1	...	...	...	...	...
Whooping Cough	168	...	...	...	4	...	...	...	1	1	...	...
Cerebro-spinal Fever ...	1	...	...	...	1	...	...	...	...	...	...	...
Cerebro-spinal Meningitis	...	...	...	...	...	...	...	...	1	...	...	...
Acute Poliomyelitis ...	2	...	...	...	2	...	...	...	2	...	...	...
Dysentery ... ..	...	...	...	...	...	...	...	...	2	...	...	...
Food Poisoning	6	...	...	...	...	...	...	...	...	...	...	...
Anthrax ... ..	...	...	...	...	...	...	...	...	1	...	1	...
Other Conditions	31	...	...	...	30	...	1	...	18	19	...	...
Totals ...	924	...	94	...	163	...	4	...	71	109	1	...

It will be observed that 68.85% of the notified cases of scarlet fever were admitted to hospital. It may be questioned whether this is an economic policy when the disease is at its present degree of mildness. The great majority of these patients who were nursed in hospital could equally well have been nursed at home, with elementary precautions against spread of infection. When only 1.8% of cases of measles and 2.4% of whooping cough were regarded as requiring hospital treatment, it would seem that the almost automatic arrangement to admit cases of scarlet fever reflects a tradition inherited from a time when this disease, and streptococcal infections generally, were much more severe and unamenable to treatment than at present. There is here a rather interesting problem in public relations. The situation in respect of infectious diseases is always fluid and the policy of one generation may be repudiated by the next, though both were equally appropriate to the circumstances of their respective times. Thus, to persuade the public of the scientific validity of an apparent contradiction may be no easy task and the principles of treatment and prevention may be found to have reached wide recognition only when they have become outdated.

The low incidence of serious infectious diseases generally during the period of this Report, as in previous years, has been a matter for great congratulation. To some extent this is due to effective measures

of control, as in diphtheria, or again, to an apparently spontaneous modification in virulence of some organisms, notably the streptococci which are the causal agents of scarlet fever, many cases of puerperal infection, and of the complications of measles, while improved social hygiene has accounted for the decline of diseases of the enteric group. But where these changes are the result of human intervention, they can only be maintained by constant vigilance, occasional carelessness may lead to serious outbreaks and new variants and organisms are always liable to cause a change for the worse in the general situation.

There was a recrudescence in 1949 of the poliomyelitis epidemic of 1947 and a high weekly notification of cases was recorded until the end of the year, correlated with and perhaps due to an exceptionally mild Autumn. Darlington was fortunate in having only two cases of recognisable disease. They were both relatively mild, but even so left residual handicaps that are likely to necessitate the wearing of appliances for years or for life. This alone serves to emphasise what a grave and long-continuing problem poliomyelitis presents in its individual as well as its collective aspect.

In Circular 250 of 25th January, 1950, wherein the Minister of Health lays down certain principles for the compilation of annual health reports, a direction is contained that a special form of return is to be included of cases of food-poisoning. Under Section 17 of the Food and Drugs Act, 1938, suspected food-poisoning is made a disease notifiable by registered medical practitioners and since this gives a very wide scope to their powers in this respect, it might seem that all cases were known to the Health Department. But many patients who have in fact suffered from this disorder are so slightly ill that the practitioner is unlikely to trouble to notify unless strongly pressed to do so. Small outbreaks are often disappointing because, though a strong presumptive evidence of true food-poisoning exists, no results are ever produced by investigation to confirm it. This was the situation in Darlington in 1949 in respect of the two outbreaks brought to the notice of the Health Department, the details of which are set out below in approved form:—

Total number of outbreaks	— 2	Organisms or other agents responsible—Not found.
Number of cases	— 6	Food involved — In one instance a foreign (New Zealand) tinned ham was suspected as the only foodstuff apparently consumed in common by all patients, but no evidence to incriminate it was discovered on bacteriological and other analysis.
Number of deaths	— Nil.	

On the other hand, one patient not included above was discovered in the course of routine investigation to be a carrier of *S. typhi-murium*. After a long period as an in-patient at Hundens Hospital she was still an intermittent carrier and as her normal employment was quite

unconnected with food-handling she was sent home, her situation with its potential risk to others having been explained to her. To have kept her longer in hospital would obviously have been unsatisfactory from every point of view. At home she remained under the constant supervision of the Health Department and samples of her faeces were sent every week for bacteriological examination.

The following table shows the distribution of notifiable infectious diseases among the wards of the County Borough:—

TABLE IX.
1949—Infectious Diseases in Wards.

DISEASE	Harrowgate Hill	North Road	Cockerton	Pierremont	Northgate	Central	North East	East	West	South	TOTAL
Scarlet Fever	13	3	6	2	1	5	9	14	3	5	61
Diphtheria ... ..	...	...	...	1	...	...	...	...	...	...	1
Whooping Cough	19	27	27	8	7	9	18	22	21	10	168
Measles	42	19	61	17	35	25	80	148	58	64	549
Poliomyelitis ... ..	...	...	...	...	...	1	...	1	...	...	2
Para-Typhoid ... ..	...	...	...	...	...	2	...	...	...	...	2
Enteric Fever ... ..	...	...	...	...	...	...	1	...	...	...	1
Acute Pneumonia	1	3	2	...	...	3	5	7	1	...	22
Cerebro-Spinal Fever ... ..	...	...	...	1	...	...	...	...	...	...	1
Erysipelas ... ..	...	...	...	...	...	...	2	1	3	...	6
Puerperal Pyrexia	1	...	...	6	...	2	...	1	2	1	13
Ophthalmia Neonatorum ... ..	...	...	...	...	...	...	...	1	...	...	1
Food Poisoning ... ..	...	...	...	...	...	...	3	...	...	3	6
Others	2	4	6	...	...	1	4	9	3	2	31
Pulmonary Tuberculosis... ..	5	14	7	3	2	2	5	10	1	1	50
Non-Pulmonary Tuberculosis	1	1	1	...	...	2	2	2	...	1	10
TOTAL	84	71	110	38	45	52	129	216	92	87	924

§ 2. IMMUNISATION AND VACCINATION.

TABLE X.
Immunisation Against Diphtheria.

	Full Course of Primary Immunisation			Reinforcing Injections		
	Health Department	Private Practitioner	T	Health Department	Private Practitioners	T
Under 5 years ...	629	215	844	26	—	26
5 to 14 years ...	212	23	235	255	3	258
TOTALS ...	841	238	1079	281	3	284

TABLE XI.
Vaccination Against Smallpox.

	Age at 31-12-49 i.e. born in year	Under 1 1949	1—4 '45—'48	5—14 '35—'44	15 or over before '35	Total
Health Department	Vaccinated	41	28	—	1	70
	Re-vaccinated	—	—	—	2	2
Private Practitioners	Vaccinated	24	32	9	24	89
	Re-vaccinated	—	—	3	31	34
	TOTALS	65	60	12	58	195

TABLE XII.
Immunisation Against Whooping Cough.

	Age at date of final injection			Total
	Under 1 year.	1—4 years	5—14 years	
Health Department	1	26	2	29
Private Practitioners	—	6	—	6
TOTAL	1	32	2	35

The above figures reflect the situation in 1949 with a fair degree of accuracy. Early in 1950, as a result of agreement reached in respect of the fee payable for making returns in due form of immunisations and vaccinations carried out in general practice, the practitioners of Darlington sent their past record-cards to the Health Department, with the result that the work done under this heading in 1949 is now fully known.

The following table shows the relative number immunised and vaccinated during the last six years:—

TABLE XIII.
Immunisation and Vaccination: Comparative Figures.

	1944	1945	1946	1947	1948	1949
Immunisation, Children under 5	608	531	655	686	1050	844
Immunisation, Children 5—15 years	256	191	156	325	175	235
Vaccination, Infants	431	357	351	464	285	125

Commentary. Immunisation against diphtheria may be thought by now to be an established part of child care, but unless it is constantly kept before the notice of the public, and made readily available, few parents will go out of their way to obtain it for their children. Thus, in Darlington the percentage of children of all ages under 15 who had been immunised was 51%, which is by no means satisfactory. There is no local tradition of objection to any form of immunisation, so that parental apathy and a failure to provide sufficient amenities are the cause of this low figure.

The simplest way whereby immunisation can be made a part of normal routine of a child's life is through the Welfare Centres. The long-term solution may be through the family practitioner service, but for the time being this technique would seem to demand less parental effort. Mothers attend Centres when they do not as yet attend practitioners' surgeries, to have their children weighed, to obtain orange juice, cod liver oil and dried milk and to obtain simple advice on feeding and management. At any time over six months (in Darlington usually at about nine months) immunisation can be offered and carried out as part of the ordinary work of the Centre and most mothers are prepared to accept it as such. Thus, an increased attendance at the Centres would be valuable if for no other reason than this, which, for the time being, should be our aim.

At one year of age Birthday Cards, obtained from the Central Council for Health Education, are sent to children and they contain a reminder for those who have not already been immunised. Local Girl Guides have kindly co-operated to deliver these cards by hand, so giving a personal touch unobtainable by post. The Health Department is very grateful for their freely given help and for that of Mrs. H. C. Pearson, the District Commissioner, who organised the service.

No special appeal by propaganda was made during 1949 for it was thought that the public in general, and mothers and children in particular, were saturated and required a rest before becoming again sensitive to health appeals through posters, pamphlets and trailer films.

Two further matters merit a comment. During 1949, as hitherto, no propaganda in favour of vaccination against whooping cough (pertussis) was undertaken, mainly because of the uncertain results so far obtainable from the investigations carried out in some areas and the subsequent impossibility of giving any kind of guarantee of results. But whenever parents requested such immunisation it was provided, the official position having been previously explained to them.

Also during the year preliminary notice was given by the Ministry of Health of the availability of B.C.G. vaccine against tuberculosis, consisting of a modified strain of the organism of low virulence and able by its introduction in suitable cases to confer protection upon a person brought for the first time into contact with virulent infection. The aim in short is to confer by a fairly rapid and harmless means the same degree of immunity possessed by the normal adult in an urban community, whose tissues probably show

past evidence of tuberculous infection, but who neither is nor will be incommoded by it unless for any reason his environment changes for the worse. The young contacts of open cases and nurses coming to tuberculosis wards from the country are examples of people particularly likely to benefit by such protection. The process has some administrative difficulties and requires segregation from risk of infection for 6 weeks both before and after the injection of the vaccine. Though it is to be carried out by a chest physician, who is mainly the officer of the Regional Hospital Board, it presumably is to be regarded as part of the preventive work undertaken on behalf of Local Health Authorities and discussion of the matter naturally falls under the heading of Immunisation and Vaccination.

The position in respect of vaccination was much worse than that of immunisation, especially since the Appointed Day. The Ministry of Health has discouraged any adaptation of the earlier information regarding vaccination given to parents when they register their child's birth, and such vaccinations as are still requested probably represent the waning momentum of a past tradition. At best there is little appreciation of the need to protect children against smallpox because the disease is fortunately so little before the public eye that its importation into the country is in itself a slightly sensational news item. Virulent smallpox is still widespread and the dangers of importation have increased with air travel. Until now, recent introductions of the disease have been rapidly smothered, but such success may not always be achieved and the sense of security shared by most people may prove unfounded. It is worth remembering also that vaccination in infancy is carried out with little or no general disturbance and with much less risk of serious complications than when carried out for the first time at a later age. If there were no better reasons, it is worth saving a young man a bad arm on entering into the Services by vaccinating him in infancy.

§ 3. TUBERCULOSIS.

The situation in respect of tuberculosis remains in essentials as described in the Annual Report for 1948. The Local Health Authority remained responsible for all matters relating to the home and community care of sufferers and for measures to prevent the spread of infection, while the Regional Hospital Board had control of means for ascertainment and for out-patient and in-patient treatment. The Tuberculosis Care Committee continued to function, carrying out on behalf of the Local Health Authority a number of useful services for patients in their homes and making use to that end of the voluntary spirit of active benevolence to which so much social good in the past can be attributed.

During the period under review the actual pattern of the local tuberculosis service differed little from what had been before the Appointed Day. Dr. Donald J. Campbell remained as clinical chest physician in charge of the dispensary and of the tuberculosis beds at Hundens Hospital and he continued to arrange for the admission of patients to Poole Sanatorium and elsewhere as circumstances demanded. In this respect he worked as an officer of the Regional

Hospital Board and not of the Local Health Authority, and throughout the year there was an atmosphere of uncertainty relating to future plans both as regards himself personally and the local tuberculosis scheme relative to regional planning. This introduced a somewhat unsettled element into the picture that was made worse by the prolonged illness of the tuberculosis health visitor, which extended from August until the end of the year. Tuberculosis visiting during her absence from duty was undertaken by the district health visitors and no real integrated scheme was developed as earlier hopes were entertained of Miss Thornton's return than were realised.

Apart from these unfortunate events, the local situation showed no specially adverse features. The notifications were 73 of pulmonary and 11 of non-pulmonary disease, as compared with 86 and 15 respectively in 1948. No outstanding difficulty was reported in finding beds for patients in need of hospital or sanatorium treatment, in which respect Darlington appears to have been better off than some other localities. The age distribution of notifications was as follows:

		0-4	5-14	15-24	25-34	35-44	45-54	55-64	over 65	Total
Pulmonary ...	M.	—	2	12	3	9	10	4	3	43
	F.	—	—	13	7	3	5	—	2	30
Non-pulmonary ...	M.	2	2	3	2	1	—	—	—	10
	F.	—	—	1	—	—	—	—	—	1

The names of 93 patients were taken off the register, 40 because disease was arrested or regarded as cured, 11 because of removal from the district, while 42 died, 4 from causes other than tuberculosis. Fourteen of the patients who died of tuberculosis had not been previously notified.

The following table (Table XIV) shows the distribution of the patients on the register in respect of a number of important factors relating to them. It will repay study as indicating the relatively large number still needing care and oversight, some of them sputum positive, who are at work. Provided that the work is suitable for their condition, this is the best possible answer to the long convalescence before active disease becomes, or can be regarded as, arrested. Tuberculosis is often accompanied by a peculiar state of mind, partly caused by it and partly, as some think, contributing to its cause, which needs treatment as much as the physical disorder, and to become again as soon as possible a wage-earner or an effective housewife is a great help towards the psychological well-being of the affected man or woman. At the same time, the need for careful oversight is underlined, to protect the patient from possible dangers to himself and to those in contact with him.

Reference is made to tuberculosis in other contexts in this Report, for instance under the headings "Therapeutic Handicrafts," "Home Helps" and "Housing." This serves to illustrate the extensive nature of the problem and the many situations wherein it is encountered.

TABLE XIV.
ANALYSIS OF PATIENTS ON TUBERCULOSIS REGISTER AND ATTENDING DISPENSARY.

Age:	Under 5		5-15		15-25		25-35		35-45		45-55		55-65		65+	
	Male		F'male		Male		F'male		Male		F'male		Male		F'male	
	P	NPP	P	NPP	P	NPP	P	NPP	P	NPP	P	NPP	P	NPP	P	NPP
Site:	Male		F'male		Male		F'male		Male		F'male		Male		F'male	
	P	NPP	P	NPP	P	NPP	P	NPP	P	NPP	P	NPP	P	NPP	P	NPP
Infectious ...	—	—	—	—	6	—	8	—	1	—	7	116	—	4	—	—
Working ...	—	—	—	—	—	—	—	—	—	—	3	8	—	2	—	—
Not Working ...	—	—	—	—	2	—	1	—	5	—	4	18	—	2	—	—
In Hospital ...	—	—	—	—	4	—	7	—	1	—	—	—	—	—	—	—
In bed at home ...	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—
Non-Infectious ...	1	—	2	2	3	1	431	525	229	232	425	111	225	311	212	13
Working or at school ...	—	—	—	2	3	1	225	312	123	123	318	111	119	210	210	3
Not working ...	—	—	1	—	—	—	23	14	15	15	16	—	5	—	1	—
In Hospital ...	1	—	1	—	—	—	3	19	—	1	—	—	1	—	—	—
In bed at home ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

P=Pulmonary disease.

N.P.=Non-Pulmonary disease.

§ 4. VENEREAL DISEASE.

The situation remained as described in last year's Report and no changes in staff or administration since the Appointed Day are to be recorded.

There is a possible source of difficulty in the service for venereal diseases, always present to some extent in every scheme and likely to be more apparent under present conditions. The venereal diseases stand rather apart from the other infections because of their non-notifiability, the circumstances under which they are usually contracted and the specially confidential nature of their treatment. This last has naturally become a function of the Regional Hospital Board, but all matters of propaganda in respect of prevention and the early seeking of treatment and the tracing of contacts and defaulters lie with the Local Health Authority, on the analogy of the domiciliary and community care side of the tuberculosis service. Up to the present the latter possibilities have not been as fully explored in Darlington as they could be, and they can only achieve this potential development if the closest association is maintained between the venereal diseases clinic and the Health Department. There are, of course, at present no compulsory powers to oblige defaulters to attend for treatment, but a good deal may at least be attempted by methods of persuasion.

SECTION C.

MENTAL HEALTH.

In Circular 2/50 of 25th January, 1950, the Ministry of Health has defined headings under which the report of the work of the Local Health Authority in respect of mental health should be given.

1. **Administration.**—The Mental Health Sub-Committee was a Sub-Committee of seven members of the Health Committee with the same Chairman, Alderman A. J. Best, and included the two co-opted medical practitioners. There were no other co-opted members. The meetings were held quarterly in January, April, July and October, when reports of the work carried out during the previous three months were submitted and matters of policy discussed.

The names of staff will be found in the list at the beginning of the Report. The Medical Officer of Health took a keen personal interest in this section of the work and he and the Assistant Medical Officer of Health, Dr. J. F. Bishop, were available on call by the Duly Authorised Officer. Most of the work of visiting patients in their homes with the Duly Authorised Officer for purposes of certification and otherwise was carried out by Dr. Bishop. The Duly Authorised Officer, who before the Appointed Day had been employed as Relieving Officer by the Public Assistance Department and still carried out duties for the Welfare Department, was assisted when necessary by a woman Welfare Officer who, in his absence, acted as Duly Authorised Officer. These Officers were wholly concerned with the ascertainment, certification if necessary and disposal of patients suffering from mental illness (dementia). They carried out no duties in respect of mentally defective persons for whose community care a woman Welfare Officer of no special qualification but of long experience was employed. Two women, one a qualified teacher, were also employed for five sessions until 5th September and subsequently for ten sessions per week in charge of the Occupation Centre.

There was no close co-ordination with the Regional Hospital Board or the Hospital Management Committee. The Local Health Authority undertook the supervision of patients on licence from institutions for mental defectives, but no satisfactory arrangements were made for the community care of patients on licence or discharge from mental hospitals.

No duties were delegated to voluntary associations and no arrangements were initiated for the training of mental health workers.

2. The work undertaken in the community during the year is summarised as follows:

TABLE XV.

ASCERTAINMENT AND VISITS, MENTAL ILLNESS AND DEFICIENCY.

(a)	Work under Section 28, National Health Service Act (Prevention, Care and After Care)	...	...	...	Nil
(b)	Work under Lunacy and Mental Treatment Acts, 1890-1930, by Duly Authorised Officers (5th July to 31st December only):—				
	Patients dealt with under Section 1, Mental Treatment Act (Voluntary Patients)	...	...	...	20
	Patients dealt with under Section 13 Lunacy Act (Certified Patients)	...	...	...	5
	Patients dealt with under Section 14, Lunacy Act (Certified Patients)	...	...	...	13
	Patients dealt with under Section 20, Lunacy Act				2
	Other patients (not certified, transferred, etc.)	...			9
				Total	49
(c)	Work under the Mental Deficiency Acts, 1931-1938 (the whole year):—				
	Number of mentally defective patients ascertained				5
	Number of such persons awaiting vacancies in institutions at end of year	...	...	...	4
	Number of mentally defective persons under guardianship	...	...	...	2
	Number of such persons under statutory supervision				114
	Number in training—				
	At home	...	...	10	
	At Occupation Centre.	...	...	16	26

(These figure do not include persons under voluntary supervision, of whom there were 238 on the register of the Health Department. 16 being ascertained during the year).

Commentary.—An important change in policy during the year was the transfer in January of the responsibility of acting as Petitioning Officer, in respect of mental deficiency from the Town Clerk's Department to that of the Medical Officer of Health. The Petitioning Officer then became Mr. Hugh R. Kirk, Chief Clerk of the Health Department.

Another development in the community care of the mentally defective was the opening of the Occupation Centre for morning as well as for afternoon sessions. This was undertaken primarily to meet an expected increased demand following the exclusion from Barnard Special School of certain ineducable children, but in fact only one such child became a regular attendant at the Centre. It was necessary to provide mid-day meals and some administrative

difficulties were encountered. The problem was solved, until other arrangements could be devised, by obtaining a meal from a nearby catering establishment, which in fact proved quite satisfactory except that it entailed crossing the main thoroughfare of the town to bring the food to the Centre. During the last four months of the year the average number of persons attending the morning session was 6 and the afternoon session 13. It was recognised that the overhead charges were large in proportion to the number of persons benefited, but the advantages provided by the Centre were considered to be worth the cost. The Centre is handicapped by lack of room, which imposes a limit to the number of defectives who can be accepted there. In spite of this, however, there is no known instance of a defective being refused admission because of lack of accommodation. The age range of those attending was from 12 to 39. Numerous handicraft activities were carried out under the guidance of Mrs. J. Paxton, who was in charge of the Centre, and her Assistant, Mrs. F. Pinchen. Until 5th September Mrs. Paxton had given instruction in handicrafts in the homes of certain defectives, which was subsequently taken over by Miss E. Black, the Mental Welfare Officer. Mrs. Paxton and Mrs. Pinchen showed great interest and enthusiasm in their work at the Centre and a small exhibition of it arranged towards the end of the year bore good witness to their zeal. Those members of the Committee who attended the exhibition were much impressed by what they saw.

No similar developments can be recorded in respect of the community care of demented persons. Early in the year it was considered by the Committee that an additional Duly Authorised Officer should be appointed with a view to succeeding Mr. Davison when in due course he retired. With full recognition of the need to develop the preventive and community care aspects of the work, and after the Medical Officer of Health had discussed the problem with the Physician Superintendent at Winterton Mental Hospital and with Professor Alexander Kennedy, of the University of Durham, an advertisement was published for a Psychiatric Social Worker. Had an appointment been made, it was proposed to share the officer on a part-time basis with the Local Education Authority, but no applications were received. It was then decided in principle to appoint a Mental Welfare Officer for training in community care and the preventive aspects of mental health, who, while being less well qualified than a Psychiatric Social Worker, might nevertheless be able to carry out most of the functions of such a person and also act as Duly Authorised Officer. Professor Kennedy agreed that such a scheme was reasonable and he had organised two courses for Duly Authorised Officers, the second of which, in April/May, 1949, was attended by Mr. Davison, wherein the wider scope of mental welfare work and the care and after-care of persons suffering from mental sickness were introduced to them. Up to the end of the year consideration was still being given to this matter, with particular interest in what other duties should be combined in the post. As it was recognised that great scope existed for the development of a Geriatric Welfare Service it was proposed that the officer should include this work among his

duties. A possible defect in the Mental Health Service under this Authority is the division arising from historical reasons of work in respect of demented persons and persons suffering from mental deficiency between officers who had no share in each other's duties and it remained to be seen whether in the future it would be possible to solve this problem.

The question of mental health is, of course, very much wider than matters of ascertainment or even of community care and rehabilitation of sufferers. While the amount of mental deficiency remains fairly constant in society, acquired mental sickness in its various degrees is becoming more frequent. The number of persons ascertained as suffering from illness to an extent to make hospital treatment or even treatment at a psychiatric out-patients' department advisable is small compared with those who are suffering from some degree of abnormality sufficient to distress themselves and their friends. The solution to this problem is much wider than can be dealt with by Local Health Authorities and can perhaps best be considered, insofar as they are concerned at all, under the heading of "Health Education." It is, however, a subject to which all who are concerned with human happiness and well-being must pay attention.

SECTION D.

MATERNITY AND CHILD WELFARE.**§ 1. MATERNITY SERVICES.**

The year 1949 showed steady progress in the integration of the domiciliary midwifery service, but also disclosed certain difficulties arising from various sources. The general scheme as described in the Annual Report for last year, as existing after the Appointed Day, remained in operation, whereby the town was divided into four districts and each was served by one full-time midwife employed by the Local Health Authority, with an additional midwife acting as relief for all districts. The Resident Medical Officer (of Registrar status) or the House Surgeon at Greenbank Maternity Hospital remained in attendance at the ante-natal clinics at Albert Road School House and Eastbourne Nursery, by arrangement with the Darlington District Hospital Management Committee. The Part II Training School continued to function, with four pupils, each of whom was posted to the particular care of a district midwife for her practical work. Recognition was obtained from the Central Midwives' Board of the competence of the district midwives to accept a pupil for training purposes.

The work carried out during the year is summarised in the following table:—

TABLE XVI.

MATERNITY CASES ATTENDED BY MIDWIVES, 1949.

	Domiciliary Cases		Cases in Institutions		TOTAL	
	As Midwives	As Maternity Nurses	As Midwives	As Maternity Nurses	As Midwives	As Maternity Nurses
Midwives Employed by the Authority	292	152	—	—	292	152
Midwives Employed by Voluntary Organisations:—						
(a) Under arrangements with the Local Health Authority in pursuance of Section 23 of the National Health Service Act	—	—	—	—	—	—
(b) Otherwise (including Hospitals not transferred to the Minister under the N.H.S. Act, 1946)	—	—	—	—	—	—
Midwives Employed by Hospital Management Committees or Boards of Governors under the National Health Service Act ...	—	—	1020	46	1020	46
Midwives in Private Practice (including Midwives employed in Nursing Homes	54	14	—	110	54	124
TOTALS ...	346	166	1020	156	1366	322

From these figures it is apparent that 69.6% of the mothers were confined institutionally.

A few relevant matters need additional comment. In the first place the proposed hostel to accommodate the Part II. Training School and the Superintendent and one other midwife remained unavailable. The appropriate procedures in respect of obtaining Ministerial approval were undertaken, but to the end of the year it was not possible to begin adaptation nor, in view of other building priorities, would it have been possible to make much progress had all other sources of delay been removed. Meanwhile the four pupils continued to reside in the Hostel of the Darlington Queen's Nurses' Association, where potential overcrowding and inconvenience to all parties were recurrent factors. As a result it was impossible for the Superintendent Midwife to live with the pupils as intended in the scheme and she remained resident in Middlesbrough until a furnished flat was made available for her pending the further development of the hostel proposals.

It cannot be said that up to the time of writing the arrangements for the part-time services of medical officers employed by another authority have proved altogether satisfactory. During 1949 discussions were held with the obstetrical consultants to improve the amenities and there was goodwill in plenty on both sides for a fully efficient solution, but as a result of other and unavoidable commitments at the Maternity and Memorial Hospitals, the medical officer was sometimes late or absent at the clinics, with consequent inconvenience to mothers. Changes in the medical staff at the hospital also introduced a disturbing element and a full trial under stable conditions must be made before an arrangement so satisfactory on paper and in theory should be abandoned. The need for a new ante-natal clinic in the Cockerton district of the town was recognised, and approval in principle had been given to its establishment in the Methodist Sunday School, already used for infant welfare purposes, by the end of the year.

When a satisfactory scheme has been developed in respect of medical attendance, it is hoped to expand the facilities for post-natal examination and advice at the maternity clinics. This is a most important service in the prevention of illness and disability arising from the after-effects of childbirth and although it is a matter of common experience that the majority of mothers do not avail themselves of it, an adequate provision is essential to any complete scheme of maternity care.

Prematurity.

Since, as the following figures show, a fair number of premature babies are born at home and since it is a necessity in the management of such a case that, once born, the infant should be disturbed as little as possible, it was considered advisable to give some additional training to one of the domiciliary midwives so that she should be able at need to "special" any premature baby nursed at home in Darlington. Miss W. Thompson was chosen for this course and by the helpful co-operation of Dr. W. S. Walton, Medical Officer of Health of the City of Newcastle-upon-Tyne, she was able to pursue

her studies under the auspices of the Health Department of that authority from 1st to 28th October, 1949. The Corporation also took into consideration the need for certain special items of equipment to be available on loan in such cases.

TABLE XVII.

BIRTH AND SURVIVAL OF PREMATURE INFANTS.

Number of premature babies notified who were born—

(i)	(a)	At home	...	...	...	...	...	—	18
	(b)	In Nursing Homes and Hospital	...					—	69
(ii)	The number of those born at home—								
	(a)	who were nursed entirely at home	..					—	17
	(b)	who died during the first 24 hours	...					—	3
	(c)	who survived at the end of one month	...					—	12
(iii)	The number born in Nursing Homes—								
	(a)	who were nursed entirely in Nursing Homes	...	...	...	...	...	—	7
	(b)	who died during the first 24 hours	..					—	Nil
	(c)	who survived at the end of one month	...					—	6

Maternal Morbidity.—There were 2 maternal deaths due to the following causes:—

Septicaemia and hypostatic pneumonia following a self-induced abortion	—	1	
Cardiac failure, obstetric shock, forceps delivery	—	1

Notifications of puerperal pyrexia were 13. One case was severe enough to require admission to Hundens (Infectious Diseases) Hospital.

Ante-natal Clinics.—The Local Health Authority is responsible for three ante-natal clinics, held at Greenbank Maternity Hospital, Eastbourne Nursery and Albert Road School House. The number of sessions held among them was five per week. During the period, 548 women attended and they made 3,150 attendances. There were no facilities for post-natal clinics, and the available time of the Medical Officer did not permit of post-natal patients attending at ante-natal sessions.

Analgesia. — All the domiciliary midwives were trained in the administration of gas and air analgesia. The course was given in 1947 by arrangement with Dr. E. R. Dingle, the Senior Anaesthetist to the Darlington Memorial Hospital. Two sets of apparatus were in use, and during the period under review they were stationed at the Greenbank Maternity Hospital and brought thence as necessity demanded.

by the Ambulance Service. During the whole year 169 mothers at home received this form of anaesthesia. This figure, which is double that for last year, is evidence of the increased awareness of the public of the availability of this aid to labour. The conveyance of the gas and air apparatus was carried out by the ambulance service and, in order to make the working easier, a change was made whereby it was left, together with spare cylinders of gas, at the Fire Station and Ambulance Depot instead of at Greenbank Maternity Hospital. This alteration led to a noticeably better service.

An aspect of ante-natal work not perhaps sufficiently appreciated, and certainly given insufficient time in our service, is what may be called education for motherhood. This is not only to prepare the expectant mother for the care of her child after its birth, but also to instruct her in the physiology of her own pregnancy and impending labour, and in her after care during the puerperium. Co-operation is best attained where there is good knowledge of what is required, and people desire their own good the better when they know what it is. A good deal of ignorance and needless fear no doubt still adhere to maternity and women need to be convinced that it is part of the life of home and family and not an illness to be avoided if possible and treated in hospital when it occurs.

§ 2. CHILD WELFARE.

The key worker in the Child Welfare Service is the health visitor. The establishment in Darlington remained as described in the Report for last year. Their work can be summarised as follows:—

TABLE XVIII.

WORK OF HEALTH VISITORS.

	First Visits.	Re-visits.	Total Visits.
Expectant Mothers	191	4	195
Infants under 1 year	1214	2373	3587
Children 1 to 5 years	2	5598	5600
Infectious Diseases	450	—	450
Infant Deaths	40	—	40
Still-births	24	—	24
Miscellaneous Visits	109	3	112
Maternal Deaths	—	—	—
Illegitimate Children	51	353	404
Adoptions	28	8	36
Puerperal Pyrexia	3	—	3
Tuberculosis Patients	71	852	923
Total	2183	9191	11374

Some interesting conclusions follow from the above figures. Excluding all other activities, the health visitors paid 9,187 visits to children under five years of age, in pursuance of their strictly Child Welfare duties. As the pre-school population of Darlington is approximately 6,500, each child received on average less than two visits per

year, which is much too few. Also, excluding the Senior Health Visitor, whose time was fully taken up among the other kinds of visits itemised above, each district health visitor had on average 1,300 names of pre-school children on her visiting list, which is much too many. Admittedly many children require very little in the way of health visiting, but theoretically every child should be visited once soon after birth and possibly every year thereafter, so that the present establishment in Darlington does not offer scope for a fully effective Child Welfare Service without any consideration at all for those other commitments in respect of prevention of illness generally, and advice on health to the whole family, which are foreshadowed in the National Health Service Act.

Clinics were held on 13 sessions in the week, as follows: —

Albert Road School House	...	—	Tuesdays (morning and afternoon)
Cockerton Methodist School Room	...	...	Fridays (morning and afternoon)
Eastbourne Nursery School	...	—	Tuesdays (afternoon) and Wednesdays (morning and afternoon)
Corporation Road Methodist School Room	...	...	Mondays (morning and afternoon)
Haughton Church Hall	...	—	Fridays (afternoon)
Paradise Methodist School Room	...	...	— Thursdays (afternoon)
Thompson Street Methodist School Room	...	—	Mondays (morning and afternoon)

As will be noted most of these Child Welfare Centres were in improvised premises. These premises, though not ideal, served the purpose satisfactorily and are not likely to be improved upon until Health Centres come into operation. Unfortunately, it was only possible to provide a Medical Officer at 8 of the 13 sessions, Dr. K. H. Odling-Smee, a Medical Officer employed part-time by the Department, taking 4 of them. Had it been possible during the year to provide additional Child Welfare Centre facilities, there is no reason to anticipate that accommodation as satisfactory as that already in use would not have been found, and the further extension of welfare work through centres was handicapped by lack of staff.

The question of extended scope of the Child Welfare Service, especially since the National Health Service Act, is not as simple as it might appear. If there were medical and health visiting personnel to staff them, more Centres might be opened, so that the 60% attendance of children under one year of age, a low figure for a town such as Darlington, would be improved. This would also lead to a higher proportion of pre-school children immunised against diphtheria,

The intention of the National Health Service Act appears to have been to supply the medical staff for baby clinics from hospital staff, or to make the general practitioner responsible for this kind of work, when the baby clinic, though not the health visitor, would cease to exist. Neither development is likely in Darlington for some time and meanwhile the best policy would seem to lie in making the best use of the Centres already available. A medical officer should for choice attend at every session, but it is worth remembering that the health visitor of the district in which the clinic is held remains the officer in charge even when a doctor is present, who then acts as her adviser in such special cases and for such problems as may require his aid. The spirit and intention of a baby clinic ought to be quite different from that of a consulting room or hospital out-patients' department and the word "clinic" used in this connection may be rather unfortunate.

The Medical Officer of Health is pleased to record that the Senior Health Visitor gained in 1949 a scholarship of the Joint Committee of the British Red Cross and St. John of Jerusalem Association to take a comprehensive refresher course under the auspices of the Royal College of Nursing, wherein she would receive practical instruction in the most up-to-date methods and have an opportunity of observing the administration of various Health Departments in other parts of Great Britain. This course began in the autumn of the year and entailed leave of absence for Miss Winch, readily granted by the Council, until the following summer. As a result of Miss Thornton's prolonged illness, the establishment of health visitors was severely handicapped at a time when their work was expanding. Application was made to the Establishment Committee for an additional two permanent health visitors and permission to appoint one additional health visitor was given. Permission was also given to appoint a nursing assistant on a temporary basis, to assist at clinics and otherwise help the health visitors. The actual gain in manpower by this appointment was small, as Mrs. A'Court, who hitherto had acted as part-time assistant at clinics, resigned at the end of the year.

§ 3. DEPRIVED CHILDREN.

During 1949 a change took place in hitherto accepted procedure as a result of the appointment of a Children's Committee and Children's Officer to implement the requirements of the Children Act, 1948. By this legislation the Home Office became responsible for the welfare of deprived children throughout the country and work in connection with infant life protection and with the various Adoption Acts became the duty of the new Committee through their Children's Officer, though Health Visitors and Miss V. I. Smiles of the Welfare Department continued to carry out visits.

On 25th January, Mrs. K. Jones was appointed as Children's Officer and took up her appointment on 1st May. I am indebted to her for the following report, the figures in which refer to the period 1st May to 31st December.

"It is the privilege of the Children's Officer to act as parent to any child in his or her area who is deprived of a normal life.

Nursery.

Number on register on 1st May, 1949	...	...	...	—	5
Additions during the year	...	...	...	—	18

(Of these, 7 were girls over nursery age who had to be accommodated here as there was no room at the Girls' Home in Hartlepool. Eight were short-stay cases temporarily deprived of their parents through illness. One was boarded out and is now to be adopted, and 3 boys were transferred to Park View Homes on attaining their third birthday.)

Park View Boys' Home

On the register on 1st May, 1949	...	...	...	—	24
Admitted during the year	...	...	...	—	8

(Of these, 4 were short-stay cases temporarily deprived of their parents, 3 were transferred from the Nursery and 3 became apprentices and were boarded out in lodgings.)

Blakelock Homes, West Hartlepool

On the register on 1st May, 1949	...	...	...	—	2
Admitted during the year	...	...	...	—	1
Returned to the mother	...	...	...	—	1

Boarded out in Darlington

On the register on 1st May, 1949	...	...	...	—	12
Additions during the year	...	...	...	—	17

(Of these, 12 are cases from other towns, 3 are boys boarded out from Park View Homes and 1 is a girl boarded out from the Nursery.)

"There is a great need of foster parents who will receive children into their homes and bring them up as their own children.

"Two children are in St. Joseph's Home Carmel Road, which is a voluntary home for Roman Catholic children.

Children outside Darlington for which the Children's Committee is responsible

On the register on 1st May, 1949	...	...	...	—	13
Additions during the year	...	...	...	—	3

(Of these, 8 are boarded out and 8 are in voluntary Homes.)

Approved Schools

On the register on 1st May, 1949	...	—	35	)	37 boys and
Additions during the year	...	—	5	)	3 girls

(Of this number, 11 have been licensed)

Remand Homes

During the year 9 boys and 1 girl were in Remand Homes,

Adoptions during the period 1st May to 31st December, 1949

There were 21 adoptions; of these 2 were in the County Court and 19 in the Magistrates' Court."

In cases of adoption, a visit to the prospective "parents" was made by health visitors to ascertain their fitness for their intended role. The majority of households were satisfactory, but in a few doubt was felt whether the added responsibility ought to be accepted. Only on very adverse medical grounds was advice given to discontinue the project.

Day Nursery.

The Council's Day Nursery at North Road remained open throughout the year and the policy pursued in respect of admission to it was the same as hitherto. Eligibility was limited to children from families where social and economic circumstances were such that the mother or in her absence the effective female guardian of the child was under necessity to go out to work in order to maintain the household. In cases of doubt, visits were made to the home by health visitors and where conditions were found to be other than described, the children concerned were excluded. At the Nursery a careful oversight was kept on the health and development of the children; all were medically inspected during the course of the year and immunisation was carried out where parents were willing, not only against diphtheria but with whooping cough vaccine also. As they came from unsatisfactory homes, or at least from homes where the very need for their admission shows the presence of adverse factors, the benefit of the good food, regular habits, fresh air, rest and general care at the Nursery was apparent among the children, but your Medical Officer of Health is strongly of the opinion that the Day Nursery is an abnormal provision occasioned by abnormal circumstances, since the right place for the young child and for his mother is at home.

A significant side-light was shed upon the social background of the Nursery by the Matron, Miss M. S. Hope, when she discussed towards the end of the year her resignation with your Medical Officer of Health. She remarked that she wished to find employment in some other branch of nursing since the continuous experience of the unhappy, unstable, perplexing and unworthy aspects of life as described by the parents of her charges was having a depressing effect upon her. Her resignation was accepted with regret.

Her successor, Miss E. E. Roper, appointed early in 1950, is, of course, in no position to give a detailed report upon the work of the year, but from the records she has supplied the following figures:

Number of individual children attending				
Nursery during 1949	...	...	—	62
Causes for admission:				
Illegitimacy	...	...	—	19
Separation of parents	...	...	—	17
Ill-health of parents	...	...	—	10
Confinement of mother	...	...	—	9
Divorce	...	...	—	2
Other causes	...	...	—	5

§ 4. DENTAL CARE.

The Senior Dental Officer of the Local Education Authority, Mr. J. L. Liddell, L.D.S., who, as in previous years, remained in charge of the special attention given to expectant and nursing mothers and to their pre-school children, was single-handed throughout the year, and it has certainly not been possible to give under the aegis of the Local Health Authority that priority of dental care to these categories of persons which was promised in the National Health Service Act and which their special circumstances require. Mr. Liddell has reported as follows:

"Attendances at the Dental Clinic have been low this year. It seems, from enquiries made to local dental practitioners, that the work is being done under the National Health Service Act. Priority is being given by practitioners to expectant and nursing mothers. Only two of these have attended during the year. One needed one extraction and this was done. The other was sent by a private practitioner, who thought she should have multiple extractions in hospital, as she usually had extensive bleeding afterwards. She was referred to the Memorial Hospital, where the extractions were done. She afterwards returned to her own dentist, who supplied her with dentures.

It is impossible, owing to lack of staff, for examinations to be done by a Dental Surgeon in the Welfare Clinics, but it has been noticed, at inspections in Nursery Schools and classes, that the teeth of the pre-school child are still, on the whole, good.

"Arrangements have been made for any necessary X-rays to be done at the Memorial Hospital.

"Arrangements for the supply of dentures are that impressions and all chairside work will be done by the Dental Officer and the mechanical work sent out to a mechanic to the profession."

TABLE XIX.

(a) Numbers provided with dental care:

	Examined	Needing treatment	Treated	Made Dentally fit
Expectant and Nursing Mothers	2	2	1	1
Children under five	25	20	19	19

(b) Forms of dental treatment:

	Extractions	Anaesthetics		Fillings	Scalings or Scaling and gum treatment	Silver Nitrate treatment	Dressings	Radio-graphs	Dentures Provided	
		Local	General						Complete	Partial
Expectant and Nursing Mothers	1	1	—	—	—	—	—	—	—	—
Children under five	51	—	18	1	—	—	—	—	—	—

SECTION E.

HEALTH IN THE HOME.

§ 1. HEALTH EDUCATION.

Some changes and expasions in policy under this heading took place during the year.

Firstly, the constant unobtrusive influence on food handlers of all sorts to maintain the strictest standards of personal hygiene and to understand the risks they are avoiding by such care was maintained as hitherto.

Secondly, the annual subscription paid by the Local Health Authority to the Central Council for Health Education was discontinued this year, on the grounds that since a good deal of the propaganda services formerly provided by the Central Council were now made available by the Central Office of Information it was to some extent an unnecessary duplication to continue it. This was a resolution admittedly liable to review if and when circumstances indicated any reconsideration of it.

The third step was to set up in a more organised form than in previous years a method of making contact by means of lectures and bulletins, with as large a part of the population as possible. The idea behind this scheme in the first instance was prompted by a warning from the Ministry of Health in the Autumn of 1948 that influenza on a fairly extensive scale might be anticipated in the ensuing winter. Fortunately, the expected epidemic proved to be of a mild form of the disease and was not experienced in Darlington to the same extent as in some other parts of the country. It occurred to the Medical Officer of Health that in the event of a severe epidemic it would be greatly to the advantage of all concerned if channels of communication were in existence to keep the population informed of developments, to communicate to them advice, and generally to keep in touch with them, and he therefore had prepared a list of all organisations of various kinds in the town whose members might be expected to have a natural interest in health questions, and he approached their Secretaries to ask whether they would care to receive a bulletin letter from time to time on some subject of current health concern, to be read at the next ordinary meeting of the Society, and also to hear, by arrangement, talks and discussions on such matters given or led by members of his staff. The type of organisation approached was such as Townswomen's Guilds, Co-operative Women's Guilds, Parent Teachers' Association, groups associated with Churches and so forth, of a membership predominantly feminine, but for that reason the more acceptable since the wife and mother is the natural guardian of health in the home. A good response was obtained from the first approach, relatively few of the groups first written to ignoring or refusing the proffered suggestion. Subsequently the circle increased as other organisations became known to, or contacted on their own

initiative, the Health Department. At the end of the year some 40 different associations were on the mailing list of the Department. The following lists show the dates and subjects of the bulletin letters, and the date, recipient, subject and speaker of the talks and lectures

HEALTH DEPARTMENT BULLETIN LETTERS.

No.	Date	Title
1.	March 24th.	Emergency Nursing in times of Epidemic etc.
2.	May 2nd.	Diphtheria and Smallpox.
3.	July 29th.	Poliomyelitis.
4.	Oct. 15th.	Winter Infections.
5.	Nov. 11th.	Home Nursing.

HEALTH EDUCATION — TALKS AND LECTURES.

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Date	Association	Subject	Speaker
March 2nd.	Cockerton Women's Co-operative Guild	Aims of Health Education	Dr. Walker
" 29th.	Darlington Women's Co-operative Guild	Aims of Health Education	Dr. Bishop
April 12th.	Corporation Rd. Methodist Sisterhood	Aims of Health Education	Dr. Bishop
" 21st.	St. Augustine's Catholic Women's League	The Meaning of Health	Dr. Walker
May 6th.	Darlington Rotary Club	Health and the Public	Dr. Walker
" 11th.	Technical School Parent Teachers Assoc.	What is Health?	Dr. Walker
" 19th.	Harrowgate Hill Infants Parent Teachers Association		
" 30th.	Darlington and District Head Teachers	Health and the Community The Principles of Health Education	Dr. Walker
June 22nd.	Alderman Leach Parent Teachers Assoc.	Aims of Health Education	Dr. Walker
" 28th.	North End Women's Co-operative Guild	Aims of Health Education	Dr. Bishop
July 5th.	St. William's Catholic Women's League	Health Education	Dr. Bishop
" 6th.	Cockerton Townswomen's Guild	General Health—Precautions for forthcoming winter	Dr. Walker
Sept. 7th.	Dodmire Parent Teachers Association	Poliomyelitis	Dr. Walker
" 13th.	Dodmire Townswomen's Guild	Hygiene of Middle Life	Dr. Walker
" 13th.	Darlington Women's Co-operative Guild	The History of Public Health	Dr. Bishop
Oct. 3rd.	North End Townswomen's Guild	Aims of Health Education	Dr. Bishop
Nov. 1st.	Victoria Road Townswomen's Guild	Women—The Over Forties	Dr. Walker
" 2nd.	Cockerton Women's Co-operative Guild	How can we best use the Health Services?	Dr. Walker
" 24th.	Toc H.	Health for the Seven Ages of Man	Dr. Walker
" 24th.	Catholic Teachers' Association	Long Term Aims of the School Health Service	Dr. Walker
Dec. 1st	Standing Conference of Women's Organisations		
" 19th.	Lowson Street Methodist Guild	Food Poisoning The Meaning of Health	Dr. Walker Dr. Walker

It will be observed that among the titles chosen for talks during this first year a large number were devoted to the general subject of Health Education itself. This was in order to explain to the various groups the object of the scheme, particularly the reason for the bulletin letters. When once fairly launched it was hoped to cover, as occasion offered, a large number of different subjects, and before the year ended something in the nature of a systematic course of instruction was in course of preparation. This was an endeavour to interest and train as large a number of housewives as possible in the elements of home nursing. It is well recognised that many women, capable in other respects, find themselves completely at sea when faced with sickness in the home. This is largely due to ignorance of elementary physiological and pathological principles, nor must the psychology of illness be ignored when regression frequently takes place from apparently mature adulthood to peevish childishness, with consequent embarrassment to the home nurse who, if wife or mother, is likely to bear the brunt of it. It is, moreover, a well recognised principle that all training, to be effective, must have a practical side and to give the various groups and organisations something to do was the way most likely to develop and maintain their interest in Health Education. The co-operation of the British Red Cross Society was obtained both in respect of premises and of instructors, and the Matron of Hundens Hospital also offered her services as a lecturer. Thus, at the end of the year the preparations for a first course were well forward.

§ 2. HOUSING PROBLEMS.

The importance of the present shortage of housing accommodation has received notice in the introductory letter. The following notes relate to action taken by the Health Department in respect of certain families whose particularly adverse situation was personally investigated by the Medical Officer of Health. In each case the Chief Sanitary Inspector and he called on the family and discussed in their present surroundings the features of their circumstances that seemed to merit special consideration, and in the majority of cases their application was supported by a medical certificate from their own practitioner or, if not, by a letter describing their difficulties in harrowing terms. It was necessary to obtain an overall view of many adversely situated households before it was possible to give any kind of priority, and though some enquiries had been carried out during the last three months of 1948 no note of them was included in the Annual Report for that year because the Medical Officer of Health did not feel that he was then sufficiently acquainted with conditions in Darlington to give a confident opinion on the relative merits of families, all of whom seemed to have so much to recommend them. It will be noted from the following figures that a rigid economy has been made in respect of recommendations to the Housing Department for it was recognised that in the actual allocation of houses various factors unknown to the Health Department, or at least not having a direct bearing on health, would quite rightly be taken into consideration and the only reasonable expectation of priority must lie in the

real urgency of the circumstances encountered. A most friendly co-operation existed between the Health and Housing Departments and between the chief officials concerned, and if fewer families recommended were in fact rehoused during the year than was hoped for the difficulties in making exceptions to the agreed order on the waiting list was well appreciated. The following table summarises the work carried out:

Total number of cases personally investigated by M.O.H. in 1949	—	84
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High-grade Medical Priority

Cases	—	10
Recommendations	—	9
Rehoused	—	5

Lower-grade Medical Priority

Cases	—	34
Recommendations	—	12
Rehoused	—	5

Overcrowding a Factor

Cases	—	44
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Unsatisfactory Housing a Factor

Cases	—	28
Recommendations	—	2

Unsatisfactory Environment

Cases	—	4
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Outstanding Psychological Factor

Cases	—	8
Recommendations	—	1

Unsatisfactory Family

Cases	—	2
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Ungraded

Cases	—	7
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Total recommendations for rehousing	—	24
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Apart from the particular needs of a family for rehousing, certain other relevant questions present themselves. The type of house provided by the Local Authority is undoubtedly of high quality and in view of present building costs must be let at a rent beyond the means of poorer citizens whose needs may be the greater because of the unsatisfactory or obsolete houses they inhabit at present. Moreover, the new houses tending to be situated on the periphery of the town involve additional time and expense in travelling to work and

added burden to the housewife, who is likely to have a young family, in shopping. There is also the question of whether a family will make good tenants in a Council house and though in some cases a badly kept interior may be due to the poor quality of the house or to overcrowding, so that rehousing would lead automatically to better care, this is not always the case. Yet the needs of the unsatisfactory family are as great or greater than those of the rest. Some assistance has been given through the Housing Department in respect of families of this sort, by arranging for exchanges of houses, but the possibilities of this scheme are greatly limited. The question of making use of certainly publicly owned property for the intermediate accommodation of badly housed families, with their subsequent rehousing in accordance with their needs and capacities, might at some time exercise the attention of the Council.

§ 3. HOME NURSING.

During 1949 the arrangements contained in the Approved Proposals of the Local Health Authority under Section 25 of the National Health Service Act and described in outline in the Annual Report for 1948 continued to function. The Darlington Queen's Nurses' Association gave complete satisfaction to its increasingly numerous patrons and steps were taken to co-ordinate ever more closely its work with that of the Health Department, on whose behalf it acted as agent. A record-keeping scheme permitting easy extraction of information had not during 1949 been devised, but was put into operation early in 1950. Thus the following table does not provide as full an analysis as may be hoped for in future years. At the same time the value of the work carried out not only by the benefit conferred upon the patients attended but in providing a picture of the incidence of morbidity among the people of the County Borough is plainly apparent.

TABLE XX.

HOME NURSING: ANALYSIS OF MORBID CONDITIONS ATTENDED.

	Under 5	5—25	25—45	45—65	Over 65	Total
Infectious Diseases (not including Tuberculosis) ...	3	1	1	—	1	6
General Diseases—						
Cancer, all sites	—	—	6	32	39	77
Diabetes	—	—	1	6	26	33
Anaemia	—	—	1	1	1	3
Diseases of Alimentary system—						
Tonsillitis	—	2	4	4	—	10
Constipation	5	4	8	24	50	91
Threadworms	16	20	3	2	—	41
Other diseases	—	1	1	9	4	15
Diseases of Circulatory system—						
Disorders of heart, various	—	—	1	9	49	59
Cerebral Vascular accidents	—	—	1	19	78	98
Disease of Veins	—	—	2	5	7	14
Other Diseases	—	—	—	1	4	5
Diseases of Respiratory system—						
Bronchitis	2	—	—	7	13	22
Pneumonia	4	3	9	7	19	42
Pleurisy	—	1	4	2	7	14
Pulmonary Tuberculosis ...	—	—	2	5	—	7
Other Diseases	—	2	1	4	1	8
Diseases of the Central Nervous System	5	2	3	4	2	16
Diseases of the Special Sense Organs	1	1	—	2	2	6
Diseases of Locomotor System—						
Arthritis Deformans	—	—	1	9	11	21
Other Diseases	—	3	2	11	6	22
Diseases of the Skin—						
Boils, Carbuncles and Superficial Infections ...	3	10	9	14	9	45
Other Diseases	1	—	1	4	6	12
Surgical Conditions—						
Burns and Scalds	4	1	1	6	8	20
Fractures and Injuries ...	2	1	5	9	19	36
Post-operative dressings ...	5	11	26	46	58	146
Minor Operations	3	2	10	5	—	20
Diseases of Uro-Genital system—						
Diseases of the Kidneys ...	—	—	1	1	4	6
Abortion	—	4	14	—	—	18
Puerperal Pyrexia... ..	—	1	—	—	—	1
Mastitis	—	5	10	1	—	16
Various treatments (mostly for women)	—	—	1	27	29	57
Senility	—	—	—	1	89	90
Unclassified	1	3	3	9	3	19
Total Morbid Conditions attended	55	78	132	286	545	1,096
Total Visits made to all Patients	562	818	1,745	7,625	18,803	29,553

Totals for 1498—Morbid Conditions Attended 424 ; Visits made to all Patients 10,380.

				Visits made	Average visits per patient	Percentage of all visits
Visits made in respect of certain diseases:						
Diabetes	...	...	...	6,180	187	20.9
Cerebral Vascular Accidents				4,240	42	14.4
Senility	...	...	...	2,678	30	9.1
Cancer	...	...	...	2,068	27	7.0
Number of Nurses (31st Dec., 1949):						
			Superintendent		—	1
			Deputy Superintendent		—	1
			Whole-time Nurses		—	9
			Part-time Nurses		—	3

It is interesting and significant to observe how large a part is taken up by the nursing of persons in the later part of life, and this is likely to increase with the ageing of the population. The disproportionate number of visits given to diabetic patients is also worthy of comment. The actual time occupied by any one such visit is not likely to be great, as it is in most cases only to give a hypodermic injection, but when the matter of distance is taken into consideration analysis shows the great demand made by this disease.

§ 4. HOME HELP.

The Home Help Service is expensive, but it is of great actual and even greater potential value to the community. Its aim is to keep the home going in face of adverse circumstances and though with greater family spirit and neighbourliness than are to be found in our society today the need for it would be less, its effect is undoubtedly towards the integration of home and family. As all are aware, it originally began as an off-shoot of the maternity welfare service, to provide assistance at home during the confinement of the housewife. During the recent war a parallel organisation was set up to free for essential industry women who had previously remained at home because of a dependent aged or invalid relative. As such, the end was justifiable only in view of the grave emergency threatening the nation, but the principle of extending help from the local authority beyond the incidental problem of childbed was of undoubted worth and is now the major part of the Home Help Service, which devotes relatively a small proportion of its time to maternity cases as the figures below will show.

As a Home Help Service extends, new aspects of the work are presented and need careful assessment not only from the point of view of the recipients of aid but from that of the physical and psychological welfare of the helps themselves. An example of this is to be found in the protection of the help as far as possible against the risk of tuberculosis, and another quite different source of strain is the long-term attendance on a chronic sick or aged person where the help stands between the patient and the disintegration of the home. Frequent changes of help is the best administrative answer to both problems, but has this disadvantage, that patients and helps prefer

familiar faces. To meet the sometimes very unattractive cases, the result of long neglect through failing bodily and mental powers without relatives or neighbours to assist, your Medical Officer has outlined the project of a volunteer elite of "Commando" helps within the service, who would be prepared to tackle any kind of case after, of course, adequate briefing for it on the part of the Organiser or himself. A number of volunteers came forward as a result of this invitation and in several instances great and continuing benefit was conferred by their intervention. Not all neglected persons were, of course, willing to accept such assistance when offered, and in one case the state of disorder in the home was so excessive that the help found herself unable to deal with it.

The service, as described in the Approved Proposals of the Local Health Authority under the National Health Service Act, is administered on an agency basis by the W.V.S., whose Organiser in Darlington, Mrs. D. Johnson, is also Organiser of Home Helps. She has given of her time most freely on an entirely voluntary basis and your Medical Officer of Health would like to pay the highest tribute to her ability and devotion. So close is the co-operation maintained by her with the Health Department that the existence of any agency is non-apparent and the Council has under this scheme the advantage of many hours per day of freely given service without any of the difficulties that sometimes follow an agency arrangement. Mrs. Johnson is assisted by Miss A. Lumb, who is employed directly by the Authority, and by a clerk. A check is kept on the actual work of the helps in the homes by visits from Mrs. Johnson and Miss Lumb, and the health visitors also are able to report in this respect. Co-ordination under this head will increase as care services for the elderly and chronic sick in their own homes develop.

The following figures (Table XXI) indicate the work carried out during the year:

TABLE XXI.

Number of helps employed (average on books throughout year)	... ..	—	Whole-time	—	18
		—	Part-time	—	30
Effective strength (average throughout year)	... ..	—	Whole-time	—	16
		—	Part-time	—	26
Total number of working days	... ..	—	7,702		
Number of households in receipt of help on books on 1st January, 1949	... ..	—	149		
New households entered on books for help in 1949	... ..	—	347		
Total households assisted, 1949	... ..	—	496		
Maternity Cases	... ..	—	79		
Commando Cases	... ..	—	10		
Households with patient suffering from pulmonary tuberculosis	... ..	—	3		
Average weekly number of households attended at beginning of year	... ..	—	100		
Average weekly number of households attended at end of year	... ..	—	160		

A perusal of these figures shows that the work of the service is increasing, and as its value becomes better known in the town there is no doubt that it will increase still further. Records are now kept that will allow of a more detailed analysis in future reports and preliminary studies at the end of the year indicated that the households in need of long-term attendance were making much greater demands upon the time of the helps than were cases of maternity and emergency illness. The same story is told here (as the above Table by itself implies) as by the District Nursing Service; that the resources of the Welfare State are mainly bestowed upon its older members.

During the year the scale of charges was revised and the rate was assessed between 1d. and 2s. 3d. per hour in accordance with the means of the applicant. The effect of the change was actually adverse upon many people in need of regular help, though it made little difference to those whose assessment lay at the top or bottom of the scale. The cost of this service is undoubtedly its main disability, both from the point of view of the family in need and of the Local Health Authority. Your Medical Officer of Health is of the opinion, however, that the value of the service justifies its expansion even at greater public cost through lowered charges to the beneficiaries. But an ultimate saving would be effected, through larger numbers being able to receive adequate assistance at home in acute and chronic sickness and in dependent old age, so saving the demand upon hospital and institutional services. He is strongly of the opinion that home help should be provided free in maternity cases, so destroying an anomaly which at present favours confinement in hospital.

' Analysis of Helps on Register during the year 1949 is as follows:—

			Full-time	Part-time
January	...	...	18	29
February	...	...	21	29
March	...	...	20	31
April	...	...	19	29
May	...	...	18	30
June	...	...	18	30
July	...	...	18	30
August	...	...	18	31
September	...	...	17	31
October	...	...	17	27
November	...	...	18	30
December	...	...	17	30

§ 5. THERAPEUTIC HANDICRAFTS.

The natural test of recovery from an illness is return to the work or occupation carried out before its onset. The results of many maladies are such that this is impossible, and the Ministry of Labour among others is tackling this problem through its Disablement Resettlement Officers. When every effort has been made there still remains a large group for whom no ordinary employment is possible but who need occupation to maintain an interest in life rather than as a means of support, though a small increment earned by such means is very welcome. With them can be associated a large group of convalescents and long-term sick of various kinds, who may eventually return to their normal means of livelihood or in respect of whom a final opinion on modified employment has not been reached. All illustrate very forcibly the truism that while few welcome work, fewer still can do without it, for it is a psychological as well as an economic necessity.

By their powers under Section 28 of the National Health Service Act the Corporation of Darlington have established and fostered the growth of a scheme, carried out partly in a workshop and partly at home, to which the name "Therapeutic Handicrafts" may perhaps justly be given. A brief reference has been made to it in previous reports, but through the enthusiastic work of the instructor, Mr. J. W. F. Wilson, it has developed satisfactorily during the year under review and along rather novel lines, so that it requires a fuller account. The scheme originated as a means of diversional occupation for tuberculous patients in hospital, but since the Appointed Day the privilege of beginning to interest the patient at this early stage of his illness has been lost since all care within wards is claimed, quite legally, by the hospital authority. A close co-operation exists between the authorities and persons concerned, but your Medical Officer of Health is of the opinion that this essential responsibility of after-care should be carried out by the Local Health Authority throughout, allowing its officers access to hospital for the purpose, just as in certain circumstances hospital almoners visit patients in their own homes.

The tuberculous have remained the most numerous of the patients benefited, but a number of others have been enrolled, some of whom have never been hospital in-patients, since the doctors of the town have been notified of the scheme and several have made use of it for long-term sick persons upon their lists. It is hoped that this side of the work will develop; there is every confidence that it will.

During 1949 a new departure of good promise was made almost incidentally, because an employee of Messrs. Patons and Baldwins who suffered from the after-effects of poliomyelitis was found engaged on home-work provided by the firm. After enquiries and mutual exchanges of views, a long story may be condensed by saying that a satisfactory arrangement was made whereby selected patients were engaged on rug-making for exhibition purposes, to display wools, and that at the end of the year the scheme was in operation to the expressed satisfaction of all concerned.

Among difficulties encountered was the question of suitable premises. Some work, including rug-making, can be quite satisfactory work, especially that which requires any kind of power-driven factorily handled at home, but a workshop is necessary for other kinds of work, especially that which requires any kind of power-driven machinery (a first-class lathe at a remarkably cheap price was acquired and installed, for instance, during the year) and here the situation was complicated because the old laundry at Greenbank Maternity Hospital, not wholly convenient in itself, was known to be "wanted" by the hospital authority for other purposes. Pending an exact clarification of the rights of the Hospital Management Committee in the matter, an eye was kept open for alternative premises. but during 1949 nothing suitable was seen.

A number of blind persons, 18 in all, also made use of the workshop for their handicrafts. While not belonging exactly to the scheme as described, their situation was associated with it and a tendency towards integration was perceptible. This illustrates a fact clear in logic, that the responsibilities of the major local authorities under Section 28 of the National Health Service Act and Section 29 of the National Assistance Act are so near together as to be well-nigh identical and lend themselves to administration as a single service.

The following table (Table XXII) shows the work carried out and is printed as submitted by the instructor as it shows very aptly the range of the scheme. It is worth remarking that a number of patients 7 in all, were seen by the instructor at their homes who had no wish to take part. Sometimes this was due to a negativistic attitude, due perhaps to their illness or injury. In other cases where an initial hesitation had been overcome, subsequent enthusiasm was well marked.

TABLE XXII.

HANDICRAFT INSTRUCTION.

No.	Sex	Disability	Work carried on	At Home	At Centre	Remarks
1	M	Ulcerative Colitis ...	Weaving on small loom	x		Home-bound
2	M	Paraplegia ...	Plastics ...		x	Ex-service
3	M	Epileptic ...	Plastics ...		x	
4	M	Epileptic ...	Stool seating (seagrass)		x	
5	F	T.B. ...	Weaving ...	x		Home-bound
6	F	T.B. ...	Needlework (tapestry)	x		
7	F	T.B. ...	Lampshades, rugmaking	x	x	
8	M	T.B. ...	Rugmaking ...	x		
9	F	T.B. ...	Soft toys, embroidery, glovemaking, rugmak'g	x	x	
10	F	T.B. ...	Knitting, embroidery ...	x		
11	M	T.B. ...	Rugmaking ...	x		
12	F	T.B. ...	Knitting, embroidery ...	x		
13	M	Nephritis ...	Hand weaving ...	x		
14	F	T.B. ...	Knitting ...	x	x	
15	M	Paraplegia ...	Rugmaking, soft toys...	x	x	Has chair
16	F	T.B. ...	Rugmaking ...	x		
17	F	T.B. ...	Knitting, soft toys ..	x		Home-bound
18	F	T.B. ...	Knitting ...	x	x	
19	M	Amputation—left foot	Plastics, weaving ...	x	x	To centre by ambulance
20	M	T.B. ...	Embroidery, plastics ...	x	x	
21	F	T.B. ...	Knitting, lampshades...	x		
22	F	T.B. ...	Lampshades ...	x		Home-bound
23	M	T.B. ...	Cane-work baskets ...	x	x	
24	F	T.B. ...	Knitting ...	x		
25	F	T.B. ...	Knitting ...	x		
26	M	After-effect poliomyelitis	Leatherwork ...	x	x	To centre by ambulance
27	M	T.B. ...	Rugmaking ...	x		Home-bound
28	F	T.B. ...	Embroidery, glovemak'g	x	x	
29	M	Thrombosis ...	Rugmaking ...	x		Home-bound, ex-service
30	F	T.B. ...	Knitting ...	x		
31	M	T.B. ...	Rugmaking, plastics ...	x		Home-bound
32	M	Arthritis ...	Weaving ...	x		Home-bound
33	F	Arthritis ...	Knitting ...	x		Home-bound
34	F	T.B. ...	Knitting ...	x	x	
35	M	Thrombosis ...	Embroidery ...	x		Home-bound
36	M	T.B. ...	Plastics ...		x	
37	M	After-effect poliomyelitis	Embroidery, plastics ...	x	x	To centre by ambulance
38	F	T.B. ...	Knitting ...	x		
39	F	T.B. ...	Knitting ...	x		
40	F	T.B. ...	Glovesmaking, embroid'y	x	x	
41	F	T.B. ...	Feltwork, knitting ...	x		
42	M	Paraplegia ...	Rugmaking, plastics ...	x		Home-bound, ex-service
43	M	Bilateral amputation ...	Plastics, shademaking...	x		Home-bound
44	F	T.B. ...	Knitting ...	x		Home-bound
45	M	T.B. ...	Rugmaking ...	x		Home-bound
46	M	Cardiac Weakness ...	Embroidery ...	x		Home-bound
47	F	T.B. ...	Knitting ...	x		
48	M	T.B. ...	Rugmaking ...	x		Home-bound
49	F	T.B. ...	Knitting, soft toys ...	x	x	
50	M	T.B. ...	Rugmaking, plastics ...	x	x	
51	M	T.B. ...	Soft toys ...	x		Home-bound, ex-service
52	F	T.B. ...	Rugmaking ...	x		

§ 6. HANDICAPPED PERSONS.

Including Note on Section 29 of National Assistance Act, 1948.

Although the policy adopted by some authorities, to make the Health Department directly responsible for work in connection with handicapped persons under Section 29 of the National Assistance Act, has not been adopted in Darlington, your Medical Officer as adviser to the Welfare Committee is in very close touch with it. He has visited a number of blind persons in their homes in company with Miss V. I. Smiles, the Welfare Officer, and Mr. C. F. Cooke, the Home Visitor, himself a blind person, and he regrets that time has not permitted a more extensive personal interest in this most important welfare service.

Miss V. I. Smiles has written as follows:

"It gives me great pleasure to be able to report a year of steady progress in the blind welfare work.

"The number of certified blind persons on the register is 94. During the year ended December, 1949, 9 names were added to the register, 2 of which were transfers from other areas. Twelve names were removed from the register as follows:

9 by death
2 to other areas
1 de-certified

"Visits to homes and East Haven numbered 1,407. The two home-knitters continue to give every satisfaction and it is a wonderful example of their steady work and progress when it can be reported that for the year they have completed over 1,100 pairs of socks and stockings on their knitting machines.

"To Mr. Cooke, the blind home teacher, great credit and appreciation must be given for his continuous devotion to duty in every branch of the Blind Welfare work, often under very difficult circumstances.

"The Blind Club at 'The Poplars' is making satisfactory progress although very much handicapped by lack of suitable accommodation."

The following table summarises some details relating to the registered blind in Darlington.

TABLE XXIII
Age Distribution of Blind Persons in Darlington.

	Under 15	15—34	35—54	55—64	65—74	Over 75	Total
Men	1	7	7	6	9	10	40
Women	1	7	7	5	19	15	54
TOTAL ...	2	14	14	11	28	25	94

Number of blind persons normally resident in Darlington (not of school age) undergoing training away from home	...	4
Number of blind persons normally resident in Darlington employed away from home	... ..	1

Though there are no local facilities for training blind persons, this is available for suitable cases by arrangement with other authorities and having regard to the size and resources of the town, the scheme for the ascertainment and care of the blind is satisfactory.

With regard to the deaf and the deafened (two distinct categories of handicapped person) the situation is not so well developed. No official scheme exists either of ascertainment or of training, rehabilitation and community care. With a view to possible future progress however, the Welfare Committee agreed in principle to the part-time appointment of Miss Muriel Scott to act as Deaf Welfare Officer as and when circumstances were propitious. This lady is at present employed by the Local Education Authority in connection with the detection and correction of deafness among school children and she has also given a good deal of her time out of office hours in co-operation with Mr. J. S. C. Monro, the Ear, Nose and Throat Surgeon at the Memorial Hospital to assessment of need for hearing aids for deaf and deafened adults. Another concern of hers is with a Lip-Readers' Club, upon which she has reported as follows:—

“This Club which was founded 2½ years ago has grown rapidly during the past year and now has a membership of 104 hard-of-hearing people. The ear testing which has been necessary in connection with the issue of the Government hearing aid has shown clearly that there are large numbers of hard-of-hearing people requiring help of various kinds. It is regrettable that the Club has no rooms of its own and although the Education Committee are being exceedingly generous in allowing the use of a school hall, activities are necessarily very restricted and it is impossible under present conditions to provide all the necessary facilities for the hard-of-hearing. The aims of the Club are as follows:—

1. To foster social and cultural activities of the hard of hearing, making provisions for the problems of deafness.
2. To provide a welfare service for assistance in seeking suitable jobs and seeing that the hard of hearing receive fair treatment.
3. To give advice on hearing aids.
4. To contact elderly deafened people by means of a correspondence circle.
5. To co-operate with all authorities in the prevention and cure of deafness and in the equipping of the deafened by lip-reading, hearing aids, etc., for a normal life.

“The most encouraging feature of the year has been the work achieved among the young people; children leaving school have been encouraged to join the Club and to organise activities for themselves.

“We feel confident that with a place of our own this Club could extend its membership and value to some 800 other people in this town who are as yet untouched and are needing our help.”

The other categories of handicapped persons, pre-eminent among whom may be placed the epileptic and the crippled, have so far received no specific attention by the Local Welfare Authority. The border-line between them and the chronic sick in need of care under Section 28 of the National Health Service Act is so indefinite that the ultimate development of the full responsibilities of the Authority under the one head will almost inevitably include the other. The sections of the two Acts are so closely complementary that they incur what is practically speaking an identical commitment.

§ 7. **PROBLEM FAMILIES.**

Including Note on Sec. 47 of N.A. Act.

It is intended to make a survey of the problem families of Darlington which, like every other urban or rural area, has its quota of persons who seem unable to adapt themselves to modern civilised living and who perhaps in any society would remain permanently below the normal standard of social behaviour. The majority of such families are well-known to the Health Department and some of the worst of them have been personally investigated by the Medical Officer of Health.

The picture of the pathological state known as the problem family has been described by several investigators in various parts of the country and abroad and shows everywhere as typical an appearance as, for instance, measles. Characteristically there is a complete failure of order, so that no attempt at average care of children or of the structure and amenities of the household are shown. Meals are never cooked, clothes are never washed, beds are never made, floors never scrubbed nor swept and consciousness of time seems hardly to exist. Mental deficiency is undoubtedly a factor in many such families, but such deficiency is not usually of severe degree; the wage-earners are able to hold simple occupations and if they fail to remain employed it is through their fault rather than through their defect. The neglect of the children often brings into the picture the N.S.P.C.C. whose Inspector has co-operated with the Health Department during 1949 in connection with several such families, in two of which cases the children were removed for neglect and the parent or parents prosecuted. In the second of these cases both parents were feeble-minded persons and having become subject to be dealt with as a result of the Court proceedings they were sent to a suitable residential institution. In the other case before the Court, mental deficiency did not appear to be a factor, though the deserted mother of the children at risk led an irregular life and lived with her own mother in a disorderly home. Such procedures were in every case only taken after a long and unremitting attempt by the health visitors, sanitary inspectors and others to improve conditions. Clothes for the children were found from voluntary organisations and every help was given, but for the most part with no apparent effect whatever.

The Medical Officer of Health would like to emphasise that the removal of children from parental control is regarded by him as justifiable only as a last resort and when their health and moral welfare are in obvious peril, since the judicial order to break up a family is of the same kind as, if of less degree than, a death sentence, and should require the same careful thought.

It is worthy of note that the representatives of the Health Department are well thought of by members of problem families, who are pleased to see them even when they know that they may be witnesses for the prosecution in a Court case, and though the promises that everything is to be remedied tomorrow are never fulfilled it may be that in some instances the officers of the Local Health Authority are the only real friends that the family possess. That is why, as a matter of policy as well as of principle, the Health Department should concern itself with the building up rather than the dissolution of family units.

The problem family properly so called has nothing in common with the situation whose end result is somewhat similar, the breakdown of a home as a result of the senility or chronic invalidism of the inhabitants, who are often living alone through loss of their life partner. To help to deal with some situations such as this, Section 47 of the National Assistance Act was devised, which lays down a rather cumbrous procedure, complicated in order to safeguard the liberty of the subject, whereby a person incapable of self-help may be removed by order of the Court at the request of the Local Welfare Authority to a hospital or suitable institution if a bed is available for him. Such cases have always their distressing features and the forcible removal of an aged person from a home occupied for many years is a naturally distasteful action for all concerned. In only one case in 1949 was the use of procedure under this Section contemplated, where a man of over 80 years lived alone in a house he was quite incapable of looking after when he was suffering from senile dementia with loss of memory. His mental deterioration was not such as to require certification, and eventually he agreed voluntarily to go to hospital for investigation of certain symptoms. Thus Section 47 was not in fact invoked.

§ 8. GERIATRICS.

No opportunity was offered during 1949 to develop any kind of geriatric service for the home care and oversight of aged persons. The Medical Officer of Health was co-opted a member of the Aged People's Welfare Council and paid visits to clubs for old people established under its auspices. The Home Help Service also gave a good deal of domiciliary assistance to the older members of the population, some of them with homes in an advanced state of decay, and as will be noted from the returns of the Home Nursing Service a large proportion of visits were expended on persons aged 65 and over. The eventual development of this service should be either the inclusion of visits to aged persons as a normal part of the work of the health visitors, or the appointment of a Welfare Worker specifically for the purpose. Close co-operation with the hospital authorities would, of course, be maintained.

SECTION F.

MISCELLANEOUS.

§ 1. METEOROLOGY.

While most people are of the opinion, through their personal observations, that the weather and time of year have a direct bearing on feeling of health and incidence of illness, a great deal of work on their scientific correlation remains to be carried out. This may be one of the subjects which, as a result of the greatly increased knowledge of bacteriology and other contributory causes to disease, has fallen into relative obscurity for all that its importance is considerable.

TABLE XXIV.

SUMMARY OF METEOROLOGICAL OBSERVATIONS, 1949.

Taken Daily at the South Park.

	Barometer Reading (inches)		Temperature Registered (Fahrenheit)		Total Rainfall inches	Greatest Rainfall in any 24 hrs. (depth in inches)	No. of days Date of on which Greatest Rain fell (.01 ins. or more)	
	Highest	Lowest	Highest	Lowest			Fall	
January ...	30.8	28.2	52	22	.71	.23	4	15
February	30.7	29.1	56	18	.51	.26	8	8
March ...	30.5	29.3	64	26	.90	.18	3	20
April ...	30.5	28.8	75	30	1.29	.56	5	11
May ...	30.6	29.3	77	22	.57	.18	25	14
June ...	30.4	29.4	82	38	.93	.38	1	5
July ...	30.4	29.6	90	44	1.85	1.09	13	12
August ...	30.5	28.9	83	44	3.23	1.28	22	9
September	30.4	29.6	82	42	1.17	.62	22	12
October ...	30.3	28.9	70	24	2.38	.68	25	16
November	30.4	28.8	52	24	2.80	.69	17	23
December	30.3	28.8	53	22	1.65	.54	9	21
Totals ...	—	—	—	—	17.99	—	—	166
Averages	—	—	—	—	1.5	—	—	14

§ 2. LABORATORY SERVICE.

The Public Health Laboratory at Northallerton undertook the bacteriological examination of the various items submitted by the Health Department. The Public Analyst, Mr. C. J. H. Stock, carried out as hitherto the chemical examinations. There was complete harmony and co-operation in these fields.

§ 3. MEDICAL EXAMINATION OF STAFF.

Among the unadvertised but continuous duties of the Medical staff of the Health Department was the routine and special examination of Corporation employees, prospective and otherwise. Ordinarily Dr. J. F. Bishop examined men and Dr. A. McGarrity women, being occupied therein for the equivalent of more than one whole session every week throughout the year. It is to be remembered that the examinations required were of different kinds and were unevenly distributed in time, so that the actual work involved was greater than the numbers concerned might suggest. The following table illustrates the work.

TABLE XXV.

MEDICAL EXAMINATIONS OF CORPORATION STAFF.

DEPARTMENT	Sup'ation		Sick Pay		Periodicals etc.		Total		Grand Total
	Male	F'male	Male	F'male	Male	F'male	Male	F'male	
Architect's	8	1	...	1	...	...	8	2	10
Education	32	61	...	64	...	...	32	125	157
Electricity ... ..	...	...	2	...	...	...	2	...	2
Fire	13	...	...	...	1	...	14	...	14
Gas	27	1	6	...	...	...	33	1	34
Health	2	21	...	32	...	...	2	53	55
Library and Museum ... ..	...	...	1	4	...	...	1	4	5
Markets	4	...	1	...	...	...	5	...	5
Parks, Cemeteries and Baths ... ..	...	...	...	...	...	...	...	...	...
Surveyor's (incl. Water)	98	2	10	2	23	...	131	4	135
Town Clerk's ... ..	...	...	...	...	...	...	...	...	...
Treasurer's	9	8	1	4	1	...	11	12	23
Transport	19	7	5	4	18	...	42	11	53
Welfare (incl. British Restaurant and Municipal Hos.)	1	4	...	1	...	...	1	5	6
Probation Office ... ..	...	1	...	...	...	...	...	1	1
Totals	213	106	26	112	43	...	282	218	500

§ 4. SWIMMING BATHS.

The Superintendent of the Public Baths has kindly submitted the following report:—

“The Darlington Baths Department, Gladstone Street, comprises two Swimming Pools, (A) the Gladstone Bath, 100ft. x 40½ft. x 3½ft. to 7½ft. depth), capacity 140,000 galls, with 78 dressing cubicles and 72 lockers. Pool fittings include graduated 3 metre diving stage, 1 metre spring board and water chute. This pool was extensively patronised during the year ending 31st March, 1950, 93,738 persons being admitted.

(B) The Kendrew Bath, 100ft. x 48ft. x (2½ft. x 5¾ft. depth), capacity 100,000 gallons, with 78 dressing cubicles and fitted with 2½ metre graduated diving stage. This pool is largely used by the Education Committee for the teaching of swimming; total admissions for 1949-50 86,075.

The water of both pools is continuously circulated through a battery of pressure filters, treated with the "Breakpoint" technique of water sterilisation resulting in an absolute sterile water comparable to drinking water of a deep crystal clear blue colour. The water is then re-heated to 75° F. before returning to the ponds.

Samples of pools water are submitted each week to the County Analyst for bacteriological examination and in no case during 1949-50 was an adverse report made.

The Kendrew Bath, during 1949, received roof re-construction costing £4,000; this greatly improved the acoustics and gave improved condensation abatement.

For the winter period, October to March, the Gladstone Bath closes its swimming activities and an oak dance floor is laid and the pools hall converted for the use of general social activities. Dancing is limited to 900 persons, and 1,600 seatings can be provided for concerts, etc.

There are Ladies' and Gents' Hot Bath Suites, 14 baths in all, and 15,589 used these in 1949-50, giving an overall bathing total of 195,402 persons enjoying one or the other of the department's facilities in 1949-50.

The department has a good economical standard, the 1948-49 rate call being 1.26d. and for 1949-50 only 1.25d. in the £."

SECTION G.

ANNUAL REPORT OF THE CHIEF SANITARY INSPECTOR

Mr. Chairman, Ladies and Gentlemen,

I have the honour to submit for your consideration a report of the work carried out in the Sanitary Section of the Health Department during the year 1949.

The work of the Sanitary Inspector has changed considerably in the past few years, with increasing responsibilities, particularly in the sphere of food hygiene, in all types of food shops, catering establishments, etc.

The supervision of these premises with regard to hygiene continues to be a major activity, but I am pleased to report that, with the willing co-operation of the majority of food traders, substantial improvements have already been made during the year.

It will be my constant desire to maintain and improve upon the standard of hygiene already achieved in food premises; but, with the numerous other duties that Officers of this Department are called upon to perform, it will be appreciated that, with the limited staff available, it is not practicable to make such frequent visits to Food premises as are desirable and necessary. I would therefore respectfully suggest that some consideration be given to the appointment of additional staff.

The activities in connection with improvement of Housing conditions have been continued throughout the year. Unfortunately, the housing shortage necessitates the patching up of worn out dwellings in place of complete re-conditioning or demolition. These worn-out dwellings owned by persons with limited incomes are often a liability rather than a source of income.

I desire to acknowledge with many thanks the cordial support I have received from Members of the Health Committee, the Medical Officer of Health, and all the members of the staff.

I have the honour to be,

Your obedient servant,

F. WARD,

Chief Sanitary Inspector and Inspector of
Meat and Other Foods.

§ 1. ANALYSIS OF INSPECTIONS.

Inspections with Reference to Housing Conditions.

Housing inspection	...	...	...	...	1,186
Tenements	...	...	...	...	21
Re-inspections	...	...	...	...	1,982
Dirty and Verminous Premises	...	...	...	...	128
Overcrowding	...	...	...	...	218
Living Vans	...	...	...	...	203
Common Lodging Houses	...	...	...	...	51
Inspections re nuisances (other than at dwellings)					442
Interviews with owners, builders etc.	...	...			1,834
					<hr/> 6,065 <hr/>

Inspections with Reference to Food.

Abattoir	...	...	...	...	...	559
Markets	...	...	...	...	...	156
Registered Food Premises			...	...	...	399
Food Shops (General Dealers)	...	...	...	...	...	376
Unsound Food	...	...	...	...	...	244
Restaurant Kitchens		...	...	...	...	101
Canteens	...	...	...	...	...	56
Snack Bars	...	...	...	...	...	64
Bakehouses	...	...	...	...	...	137
Fish Friers	...	...	...	...	...	275
Ice Cream Manufacturers			...	...	...	260
Ice Cream Vendors	...	...	...	...	...	300
Cowsheds	...	...	...	...	...	115
Dairies and Milkshops	...	...	...	...	...	141
Sampling	...	...	...	...	...	732
						<hr/> 3,915 <hr/>

Sundry Inspections.

Drain Testing	...	...	...	...	...	21
Rat Infestation	...	...	...	...	...	2,560
Infectious Diseases and Contacts	...	...	...	...	...	116
Transferable Deaths	...	...	...	...	...	15
Factories, excluding Bakehouses	...	...	...	...	...	291
Pharmacy and Poisons Act	...	...	...	...	...	46
Stables and Piggeries	...	...	...	...	...	136
Offensive Trades	...	...	...	...	...	34
Smoke Abatement	...	...	...	...	...	21
Miscellaneous Inspections	...	...	...	...	...	34
Ineffective Visits	...	...	...	...	...	882
Places of Entertainment	...	...	...	...	...	11
Disinfections and Disinfestations	...	...	...	...	...	688
						<hr/> 4,855 <hr/>

Total Inspections.

Housing Conditions	...	...	...	...	...	6,065
Food	...	...	...	...	...	3,915
Sundry	...	...	...	...	...	4,855
						<hr/>
Total	...	...	...	...	...	14,835 <hr/>

1 Inspection of Dwelling Houses.

(1) (a) Dwelling houses inspected for housing defects (under Public Health or Housing Acts)	1,207
(b) Inspections made for this purpose	...	...	...	...	...	3,189
(2) Dwelling houses (included under sub-head (1) above) which were inspected and recorded under the Housing (Consolidated Regulations, 1925	...	...	...	...	...	105

2. Proceedings under The Public Health Acts.

(1) Informal notices served requiring defects to be remedied or nuisances abated	...	...	...	...	693
(2) Formal notices served	...	...	...	...	184
(3) Premises where defects have been remedied, or nuisances abated:—					
(a) As a result of informal action	...	...	...	...	485
(b) After service of formal notice	...	...	...	...	187
(4) Defects remedied or nuisances abated	...	...	...	...	2,672

Summary of work carried out as a result of informal or formal action under the Public Health Act.

Roofs repaired	...	...	...	...	310
Eaves, gutters and rain water pipes repaired					390
Brickwork repaired/repointed	...	...	...	...	147
Dampness in walls remedied	...	...	...	...	416
Floors repaired	...	...	...	...	80
Wallplaster repaired	...	...	...	...	220
Ceilings repaired	...	...	...	...	92
Windows repaired	...	...	...	...	230
Doors repaired	...	...	...	...	78
Fireplaces repaired	...	...	...	...	63
Chimneys repaired	...	...	...	...	39
Staircases repaired	...	...	...	...	8
Handrails repaired	...	...	...	...	7
Sinks renewed	...	...	...	...	6
Waste pipes repaired	...	...	...	...	32
Yard paving repaired	...	...	...	...	21
Boundary walls repaired	...	...	...	...	15
Water closet basins renewed	...	...	...	...	27
Water closet seats provided	...	...	...	...	26
Water closet flushing apparatus repaired	...	...	...	...	70
Wash boilers repaired	...	...	...	...	3
Dustbins provided	...	...	...	...	126
Drains repaired	...	...	...	...	37
Blocked drains cleared	...	...	...	...	101
Sundry repairs	...	...	...	...	55
Rooms cleansed	...	...	...	...	28
Verminous premises disinfested	...	...	...	...	16
Animals improperly kept	...	...	...	...	14
Deposits of refuse removed	...	...	...	...	15

2,672

DISINFESTATION.

In all cases where families are rehoused into Council Houses, the furniture etc. is sprayed with an insecticide as a routine precaution to prevent vermin infestation in these houses.

During routine visits, if cockroaches, fleas, bugs, or heavy infestation of flies etc. have been found in any premises, the occupiers have been persuaded to take advantage of the facilities we can provide.

In all, 547 premises have been sprayed with an insecticide, and the considerable reduction in the number of complaints regarding vermin speaks well for the potency of the insecticides now used.

§ 2. DARLINGTON CORPORATION ACT, 1930,

Section 166.—Living Vans, Tents and Sheds.

There are at the present time, 9 sites in the Borough on which living vans are stationed. Of these, 5 are for individually licensed vans, 1 for personnel employed in connection with building operations as temporary accommodation, and the three remaining sites are occupied chiefly by persons of the hawker type.

All the sites are on the outskirts of the Borough, with the exception of 3 which have been in existence for many years.

All the vans and sites have been kept under strict observation by this Department, and with the exception of 3, the sites have been maintained in a satisfactory manner. In these 3 cases (1 owner) nuisances have been abated after written notification.

Parking facilities are also available for vans on Feethams Car Park by arrangement with the General Manager of the Markets Department, under whose control and supervision the land is placed. Van dwellers on visits of short duration, normally make use of this facility.

§ 3. HYGIENE IN FOOD PREMISES.

The habit of communal feeding in restaurants and canteens has made the systematic inspection of kitchens at these establishments of paramount importance. It is pleasing to be able to report that the conditions at the majority of such establishments are quite satisfactory. In many places we have persuaded the owners to have the kitchens rebuilt or enlarged, and modern equipment installed.

Particular attention has been paid with reference to the provision of wash-basins, with hot and cold water, soap, clean towels and nail brush, in all food premises. By the provision of such amenities it is hoped that the shop assistants will make full use of them in order to keep their hands clean.

In addition to hand washing, emphasis was laid on the importance of thorough washing of crockery etc. in cafes and similar establishments.

I must pay tribute to the helpful co-operation given by the Food Executive Officer, who always consults this Department before licences are issued by him in connection with the Catering Trade, etc., this preventing the opening of undesirable premises.

Frequent inspections have been made and advice given in connection with the hygiene in food premises as follows:—

1. Shops (including Butchers' Preparation Rooms)	775
2. Fried Fish Shops	275
3. Restaurants, Snack Bars, Canteens, etc.	221
4. Ice Cream Premises	560
5. Bakehouses	137
6. Dairies and Cowsheds	256
	<hr/>
	2,224

Proceedings relating to contraventions of the Food and Drugs Act, 1938 (Section 13).

1. Informal Notices served	...	...	...	115
2. Formal Notices	"	...	...	4
3. Informal Notices complied	...	...	...	102
4. Formal Notices	"	...	...	3

Work under the following headings has been carried out as a result of the above proceedings:—

Structural defects	...	...	...	...	22
Cleanliness of walls and ceilings	...	...	...	...	70
General cleanliness, floors, utensils etc.	...	...	...	...	26
Provision of refuse receptacles	...	...	...	...	3
" " wash basins	...	...	...	...	13
" " apparatus for supply of hot water	...	...	...	...	42
" " soap and towels	...	...	...	...	4
Improvement of crockery washing facilities	...	...	...	...	6
" " drainage	...	...	...	...	3
Cleanliness of sanitary conveniences	...	...	...	...	7
" " yards	...	...	...	...	2
Sundry works	...	...	...	...	13
Reconstruction of unsatisfactory premises	...	...	...	...	10
Discontinuation of	"	"	...	...	4
					225

Disinfestation of Food Premises.

All school dining halls, kitchens, serveries, etc. and the majority of fried fish shops and many other food premises, were treated with a contact insecticide to control fly infestation. It was noticed that the treatment carried out appeared to be very successful.

§ 4. ICE CREAM.

The numbers of dealers in Ice Cream on the "Active" Register were as follows:—

1. Manufactures of Ice Cream	...	...	16
2. Vendors of Ice Cream loose	...	...	55
3. " " " " pre-packed	...	...	105

Bacteriological Examination.

96 samples were taken and submitted for bacteriological examination. The results were as follows:—

Grade 1	Grade 2	Grade 3	Grade 4
46	19	12	20

There is no legal standard for Bacteriological Examination, but the **provisional grades** suggested by the Ministry of Health are as follows:

Grade 1.	Time taken to reduce Methylene Blue	4½ hours or more
Grade 2.	do.	2½ - 4 hours
Grade 3.	do.	½ - 2 hours
Grade 4.	do.	0 hours

Therefore 65 samples were classed as satisfactory; 12 not quite satisfactory; and 20 unsatisfactory. In all cases where the samples were not satisfactory, visits were made to the factories and advice given to the manufacturers. Further samples were taken and in all cases satisfactory results were obtained.

In connection with the unsatisfactory samples produced outside the Borough, the Inspector of the district concerned was notified, and further samples were taken.

In the case of one outside supply, four consecutive samples were reported to be unsatisfactory, and the local vendor was persuaded to discontinue his supply from this source.

Chemical analysis.

52 samples were taken and submitted for Chemical Examination. A summary of the results is given below:—

Range of Fat Content				No. of Samples	
From	1.0%	to	2.5%	...	11
	2.5%		3.0%	...	3
	3.0%		4.0%	...	8
	4.0%		5.0%	...	6
	5.0%		6.0%	...	5
	6.0%		7.0%	...	6
	7.0%		8.0%	...	2
	8.0%		9.0%	...	1
	9.0%		10.0%	...	2
	10.0%		and over	...	8
					<hr/> 52 <hr/>

Although there is no legal chemical standard at present for Ice Cream, arrangements have been made by the Ministry of Food to supply additional fats and sugar to manufacturers who have signed an undertaking that their ice cream will contain a minimum fat content of 2.5%.

As instructed by Circular MF/3,49 the results of all analyses have been reported to the Ministry of Food.

In connection with samples (11) reported to contain less than 2.5% fat, further samples were taken and, with the exception of 3, were reported to be satisfactory.

It is gratifying to know that the majority of manufacturers are attempting to provide the public with ice cream of a reasonable nutritional value, although the opinion has been expressed that a large section of the public still prefers ice cream of a less fatty consistency because of its more refreshing qualities.

Strict supervision has been continued of all premises where ice cream is manufactured, stored and sold, and the cleanliness of factories has been satisfactorily maintained. 560 visits were made to premises where ice cream was produced or sold. Most of the "fixed" stalls have facilities provided for hand washing, including warm water, soap, towel and nail brush.

§ 5. MILK PRODUCTION AND DISTRIBUTION.

On the 31st October, 1949, the Milk and Dairies Regulations, 1949, came into operation, and the supervision of milk production on, and distribution from, dairy farms, became the responsibility of the Ministry of Agriculture and Fisheries. Prior to this date, regular inspections of such premises were carried out by the Sanitary Inspectors as a routine measure to ensure that milk was produced under hygienic conditions.

Local Authorities are responsible under the new regulations for the supervision of premises other than dairy farms from which milk is distributed. It is evident that many of the occupiers of small dairies will find it both difficult and uneconomical to comply with the more stringent requirements of the Regulations, and in such cases, the advantages of distributing ready bottled milk (as received from larger dairies) are pointed out.

I am pleased to report that the remaining dairymen with larger milk rounds and better premises are making every effort to comply with the requirements of the new Regulations.

The total number of persons/premises on the Register is as follows :—

Dairy Farms

(as at 31st Oct.,
1949)

Producers	...	...	...	...	21
Dairies	Other than Dairy Farms	...	...	...	24
Distributors	(a) Bottled milk only (as received)	...	...	...	18
	(b) Residing outside, but retailing inside the Borough	...	...	...	6

Designated Milk.

The number of licences granted was as shown in the following table:—

					Grade of Milk.		
					Tuberculin Tested	Accredited	Pasteurised Total
Producers	...	...	...	...	3	8	— 11
Pasteurisers/Bottlers	...	...	...	...	—	—	1 1
Bottlers/Retailers	...	...	...	...	9	1	— 10
Dealers	...	...	...	...	2	—	12 14
Supplementary Licences (Retailers)	...	...	...	...	1	—	— 1

Of the milk sold under Special Designations, approximately 76% was sold as pasteurised.

Bacteriological Examination of Milk.

Samples of all milk sold in the Borough are taken regularly and submitted for Bacteriological Examination. In all 204 samples were procured the results being as follows:—

				No. of Samples Taken	Satisfactory	Unsatisfactory Meth. Blue	
Tuberculin Tested	...	...	...	26	22	4	
Accredited	...	...	...	14	14	0	
Undesignated	...	...	...	53	46	7	
Total				93	82	11	
							Phosphatase Test
Pasteurised	...	...	...	83	71	12	0
Pasteurised T.T.	...	...	...	21	19	2	0
							Turbidity Test
Sterilised	...	...	...	7	7	0	0
Total				111	97	14	0

There is no statutory standard of cleanliness applicable to milk other than Designated Milk. We, in this Department however, endeavour to ensure that Undesignated Milk shall reach a degree of cleanliness comparable with Accredited Milk. When deviations from the standard are found to exist the necessary action is taken. On the 1st October, 1949, the Milk (Special Designations) Regulations, 1949, came into operation and since that date all unsatisfactory samples are reported to the appropriate Ministerial Department.

Biological Examination of Milk.

In my opinion the Biological Examination of milk for the detection of Tubercle Bacilli is of the utmost importance, especially when one bears in mind the amount of milk consumed particularly by children at school and in the home. During the year, every source of milk supply sold in the Borough has been examined; and, for this purpose, 79 samples were sent to the Public Health Laboratory for animal inoculation. With the exception of 2, all were reported to give a negative result.

With reference to the two samples reported to give a positive result, the Animal Health Division, Ministry of Agriculture and Fisheries, was notified immediately of the names of the producers. Further samples from these suppliers have since been reported to give negative results.

§ 6. EXAMINATION OF WATER SUPPLY.

Two samples of "well water" supply were submitted for chemical and bacteriological examination, and the water was reported to be affected by surface contamination.

Negotiations are now proceeding with a view to having a mains water supply connected to the dwellings served by this well.

§ 7. FOOD AND DRUGS ACT, 1938.

233 samples of Food and Drugs were taken and submitted for analysis by the Public Analyst. These commodities consisted of:—

98	Informal samples of Milk.	
22	Formal samples of Milk.	124
1	Formal sample of Butter.	
3	Formal samples of Sausage.	
52	of Ice Cream.	
5	„ Cake Mixture.	
1	„ Chocolate (block).	
1	„ „ coating.	
1	„ Bi-carbonate of Soda.	
3	„ Pepper.	
2	„ Baking Powder.	
2	„ Gelatine.	
2	„ Tomato Sauce.	
1	„ „ Paste.	
2	„ Fish Paste.	
2	„ Meat Paste.	
3	„ Coffee, etc.	
2	„ Vinegar.	
2	„ Salad Cream.	
1	„ Sandwich Spread.	
1	„ Pickled Beetroot.	
1	„ Mixed Pickles.	
2	„ Fish Cakes.	
1	„ Meat Pies.	
1	„ Strawberry Jam.	
1	„ Sweetphat.	
1	„ Lemonade Crystals.	
1	„ Castor Oil.	
1	„ Cream of Tartar.	
1	„ Mustard.	
2	„ Custard/Blanc Mange Powder.	
1	„ Semolina.	
1	„ Cochineal.	
1	„ Curry Powder.	
1	„ Self-raising Flour.	
1	„ Golden Raising Powder.	
1	„ Saccharin Tablets.	
2	„ Lemonade.	
1	„ Pork Luncheon Meat.	
2	„ Pork Brawn.	
1	„ Corned Beef.	
1	„ Fizz.	
1	„ Ground Almond Substitute.	

The following table shows the composition of milk samples, and action taken in connection with those which did not comply with the Sale of Milk Regulations, 1939.

Sample No.	N.F.S.	Fat	Freezing point. Hortvet.	Deficiency.	Formal or Informal.	Remarks.
18	7.59%	2.70%	-0.486°C.	10.9% added water	Informal	Sample brought to office by member of public. Formal sample taken from same supply reported to be genuine.
38	7.71%	3.05%	-0.497°C.	9.3% added water	"	Samples from one producer. 4 Formal samples taken. 2 reported to be genuine, below standard
39	7.98%	2.85%	-0.503°C.	6.2% added water	"	
98	7.82%	3.50%	-0.465°C.	8.0% added water		Formal Samples taken reported to be genuine
126	8.64%	2.95%	—	1.66% fat	"	Warning given to vendor to ensure adequate mixing of milk prior to bottling.
129	9.12%	2.95%	—	1.66% fat	"	
135	9.08%	2.90%	—	3.4% fat	"	
136	8.70%	2.70%	—	10.0% fat	"	Further samples were found to be genuine.
137	9.24%	2.80%	—	6.7% fat	"	
138	8.83%	2.80%	—	6.7% fat	"	
148	8.88%	2.85%	—	5.6% fat	"	

In addition to the above, 4 informal and 1 formal, samples of milk were reported to be below standard but genuine, and 3 informal samples of milk to be of doubtful quality. Further samples were taken and in each case were found to be genuine.

Details of Samples of Other Foods Reported to be Unsatisfactory.

Ground Almond Substitute

Sample No. 72.

Informal sample of Ground Almond Substitute was reported to be not a genuine substitute for ground almonds. Unable to procure a Formal Sample, remaining stock having been sold.

Corned Beef

Sample No. 140.

Informal sample of Corned Beef found to contain dead beetles. Reported to Ministry of Food.

Lemonade

Sample No. 145.

A bottle partially filled with lemonade was brought to office and submitted as an informal sample. It was reported to have a phenolic odour. Further sample taken and reported to be satisfactory.

Beef Sausage

Sample No. 149.

A Formal Sample of Sausage was reported to be deficient in meat content to the extent of 14%. The manufacturer was warned and a further sample taken. This was reported to be satisfactory.

§ 8. INSPECTION OF MEAT AND OTHER FOODS.

The total number of animals inspected at the time or immediately after slaughter, by qualified Officers of this Department was 20,942 including 902 slaughtered in emergency.

	Cows	Other Bovines	Calves	Sheep	Pigs
Routine	388	2,731	4,088	12,222	611
Emergency	183	142	122	168	287
Total	571	2,873	4,210	12,390	898

Carcases Inspected and Condemned.

	Cattle Excluding Cows	Cows	Calves	Sheep and Lambs	Pigs
Killed	2,873	571	4,210	12,390	898
Inspected	2,873	571	4,210	12,390	898
All Diseases except Tuberculosis.					
Whole carcasses condemned	10	20	63	36	13
Carcasses of which some part or organ was condemned	1,141	271	11	415	171
Percentage of the number inspected affected with disease other than Tuberculosis	40.06%	50.96%	1.76%	3.72%	20.49%
Tuberculosis only.					
Whole carcasses condemned	16	28	7	—	6
Carcasses of which some part or organ was condemned	375	195	1	—	36
Percentage of the number inspected affected with Tuberculosis	13.61%	39.05%	0.19%	—	4.68%

Slaughter of Calves.

It is interesting to draw a comparison between the number of calves slaughtered in pre-war years and in 1949.

1,135 calves were slaughtered in 1938, which was followed by a rapid increase which reached its peak in 1947 when 7,494 were slaughtered. The Government subsidy for calf rearing brought about a reduction to 3,966 in 1948, although the current year shows a slight increase to 4,088 which is still a very high figure.

The majority of these calves are only a few days old and are generally referred to as "bobby calves." The flesh is mainly used in the manufacture of prepared meat products, being too immature to be classified as veal.

Memo 62 Foods.

The system of meat inspection is based on recommendations laid down in the Ministry of Health Memorandum 62 Foods, and its interpretation requires considerable practical experience by the Officers responsible for meat inspection. The most frequent difficulty is the differentiation between poorness of condition and pathological emaciation in the bovine carcase. The meat inspector must maintain an impartial attitude in fairness to both the butcher and the producer, and a decision in favour of the producer will frequently bring criticism from the butcher's side, especially when a particularly lean carcase is involved even though it be pathologically sound.

Details of Whole Carcases Condemedned.

			Tons	Cwts.	Stones	Lbs.
28 Cows	Tuberculosis Generalised	...	6	5	4	4
10 Heifers	or with Emaciation	...	1	13	2	2
1 Bull	" "	...		1	7	6
5 Bullocks	" "	...		19	0	6
7 Calves	" "	...		5	4	11
6 Pigs	" "	...		7	4	1
6 Cows	Johne's Disease and Emaciation	...	1	2	7	8
1 Bullock	" " " "	...		3	5	6
2 Stirks	Enteritis and Emaciation	...		3	2	10
14 Calves	" " "	...		6	7	0
3 Sheep	" " "	...		1	2	3
2 "	Distomatosis and Emaciation	...			6	8
11 "	Emaciation and Dropsy	...		4	0	9
3 Cows	Septic Metritis	...		13	1	2
1 Cow	Septic Mammitis	...		6	1	1
1 Sheep	" "	...			3	7
2 Cows	Septic Pericarditis	...		5	5	0
1 Sheep	" "	...			4	6
1 Bullock	" "	...		5	2	10
1 Calf	" "	...			2	4
3 Calves	Septic Pneumonia	...		1	5	3
3 Sheep	" "	...		1	2	1
1 Cow	Gangrenous Pneumonia	...		5	0	8
1 Heifer	Acute Toxaemia	...		6	0	6
1 Cow	Sapraemia	...		4	5	6
2 Pigs	" "	...		1	6	5
1 Cow	Pyæmia	...		4	5	6
2 Bullocks	" "	...		9	6	0
1 Heifer	" "	...		5	3	4
1 Pig	" "	...		3	2	0
2 Sheep	" "	...			7	11
8 Calves	Umbilical Pyæmia	...		3	2	12
1 Bullock	Anaemia	...		5	6	8
1 Calf	Oedema	...			4	2
1 Cow	" "	...		4	3	4
2 Cows	Uraemia	...		8	6	7
2 Sheep	" "	...		1	0	7
1 Pig	" "	...			5	1

					Tons	Cwts.	Stones	Lbs.
1 Sheep	Acute Enteritis	...	...	...			4	4
3 Calves	" "	...	...	...		1	0	13
2 Pigs	" "	...	...	...		1	0	0
3 Pigs	Acute Erysipelas	...	...	...		2	4	6
1 Cow	Acute Fever	...	...	...		3	7	4
7 Calves	" "	...	...	...		2	4	11
2 Sheep	" "	...	...	...			6	12
1 Cow	Poisoning	...	...	...		6	5	2
1 Pig	Medicine Taint	...	...	...			1	13
1 Calf	Jaundice	...	...	...			3	0
1 Sheep	Malignant Neoplasms	...	...	...			2	7
1 Calf	Deformity and Bruising	...	...	...			3	5
1 Heifer	Decomposition	...	...	...		1	3	6
2 Pigs	"	...	...	...		4	6	13
1 Sheep	"	...	...	...			4	12
24 Calves	Immaturity	...	...	...		6	1	3
6 Sheep	Moribund	...	...	...		2	4	3
1 Pig	"	...	...	...			6	8
					18	13	4	9

199 animals 18 tons. 13 cwts. 4 stones. 9lbs.

Summary of all Meat and Offal Condemned.

					Tons	Cwts.	Stones	Lbs.
199	Carcases and all Organs	...	...	...	18	13	4	9
24	Forequarters of Beef	...	...	...	1	10	5	9
59	Portions of Beef	...	...	...		15	1	3
3	" " Calves	...	...	...			2	12
16	" " Sheep	...	...	...		1	0	6
14	" " Pork	...	...	...		2	4	6
226	Head and Tongues	...	...	...	2	13	7	2
17	Tongues	...	...	...			4	12
623	Lungs	...	...	...	3	13	7	2
32	Hearts	...	...	...			7	12
35	Skirts	...	...	...			5	0
1619	Livers	...	...	...	8	6	6	4
100	Plucks	...	...	...		3	4	8
31	Kidneys (pairs)	...	...	...			5	8
59	Stomachs	...	...	...		12	2	5
600	Mesenteries	...	...	...	4	2	7	10
75	Udders	...	...	...		9	2	7
					41	8	2	0

Summary of Other Foods Condemned.

	Tons	Cwts.	Stones	Lbs.
Tins (6,644)	2	14	5	10
Imported Meat		7	0	8
Sausage and Prepared Meat		5	3	10
Meat Pies			2	8
Fish	1	7	0	5
Poultry		3	3	13
Rabbits		3	0	7
Vegetable	2	6	3	0
Fruit		10	2	11
Fruit (dried or bottled)	1	10	1	6
Cereals and Flour		5	5	9
Biscuits			1	10
Sweet Confectionery		1	5	3
Jam			7	0
Tea			2	0
Sugar			5	1
Pickles		5	7	12
Salad Dressing			2	8
Ice Cream Powder		1	2	0
Milk Powder Substitute		3	0	0
Frozen Eggs			3	2
Teaseed Oil		1	4	12
Sundries		9	3	12
	10	19	3	7

Transport of Meat.

I am pleased to report that during the year two new vans have been provided for the transport of meat from the abattoir to the butchers. These vehicles are insulated, metal lined, and fitted with hanging hooks, etc., and are no doubt a great improvement on the vehicles used in previous years.

§ 9. OFFENSIVE TRADES.

Inspections (34) of these trade premises have been carried out systematically. Offences of only a minor character were dealt with. These trades have been maintained in a satisfactory manner.

The numbers of offensive trades on the Register were as follows:—

- 1 Fat Rendering and Tripe Boiling.
- 2 Tripe Boiling.
- 2 Fat Rendering.
- 1 Gut Scraping.
- 3 Rag and Bone Dealing.

§ 10. FRIED FISH SHOPS.

There are at the present time 60 Fish Friers on the Register. The premises have been visited regularly (275 visits) by the District Inspectors.

Many of the premises fall short of an ideal standard so far as preparation rooms are concerned, and in some cases it is difficult to reach this standard owing to lack of space. Substantial improvements, however, have been carried out in a number of cases. The requirements of the byelaws have been observed in all cases.

A number of these premises were sprayed with an insecticide as a precaution against infestation with flies during the summer months, with satisfactory results.

§ 11. PHARMACY AND POISONS ACT, 1933.

The number of premises registered under Part 2 of the Act is 119. The premises have been kept under observation and instructions given in cases of minor offences where necessary.

The sale of poisons in the majority of these premises is confined to disinfectants.

§ 12. FACTORIES ACT, 1937.

There are 569 Factories on the Register, as follows:—

	With Mechanical Power.	Without Mechanical Power.
Ice Cream Manufacturers	12	3
Food Preparation Preservation etc.	30	40
Bakehouses	55	24
Joiners and Undertakers	37	5
Triperies	2	0
Printers	9	0
Motor Engineers	44	4
Boot Repairs	32	7
Tailoring etc	8	24
Mantle Alterations etc.	0	5
Upholstery	7	6
Cabinet Makers	7	4
General Engineers	38	0
Electrical Engineering	7	0
Cleaners and Dyers	2	0
Laundries	7	0
Monumental Masons	1	3
Plumbers	4	12
Building Operations	3	1
Miscellaneous	77	49
	<hr/> 382	<hr/> 187

428 inspections have been made, and the following is a list of the defects found and dealt with:—

Defects.	Found.	Remedied during 1949.
Want of Cleanliness	9	5
Overcrowding	1	1
Inadequate Ventilation	1	1
Sanitary Conveniences:—		
Insufficient	5	5
Unsuitable or defective	24	13
Not separate for sexes ...	2	2
Other Offences	8	8
	—	—
	50	35
	—	—

Six notices of defects to be dealt with under the Factories Acts were received from the Factory Inspector and in each case the premises were inspected, notices served where necessary and the defects in all cases remedied.

Outworkers.—Lists containing the names of Outworkers were received and inspections of the premises of such Outworkers were made.

§ 13. COMMON LODGING HOUSES.

There is 1 Common Lodging House on the Register with accommodation for 161 lodgers.

The lodging house is regularly inspected and, with the exception of minor offences, the premises have been kept in a satisfactory condition.

§ 14. RODENT CONTROL.

Organisation.

Recommended and approved by Ministry of Agriculture and Fisheries.

One full-time Rodent Operative.

Additional four men supplied by the Borough Surveyor for 6 to 8 weeks every six months for treatment of sewers. These men work under the direction and control of the Rodent Operative.

Methods.

Recommended and approved by the Ministry.

Bait bases—Sausage Rusk, Bread, and Flour.

Poisons—Zinc Phosphide, Arseneous Oxide, and Red Squill.

Two to four days prebaiting, one day poison-baiting, one day checking. Post-baiting is carried out.

Sewers Maintenance Treatment.

Two Sewer Maintenance Treatments have been carried out, the first during the period 17th January to 24th February, and the second from 13th June to 13th July, 1949, details of which are set out below:—

	1st	2nd
Total number of manholes in foul and connected systems	1537	1537
Manholes baited	1292	1002
„ showing pre-bait take	101	107
„ showing complete pre-bait take (on one or both days)	63	42
Schemes of baiting used	1st 3rd 5th—1st 3rd 5th and consecutive.	
Manholes test-baited	—	164
Total estimated kill	274	326

Surface Infestations.

Corporation properties.

Hundens Tip	} Treated as required.
Haughton Tip	
Salvage Depot	

Infestations of rats and mice in all Corporation properties, including schools, are dealt with as they arise.

Business premises.

Charge 3/- per hour plus cost of materials.

Occupiers co-operate and report infestations to this office when they receive prompt attention. In no case has it been necessary to take formal action.

Private dwellings.

Charge — 2/6 for prebaiting and surveying.

2/6 for poison-baiting.

Complete treatment 5/-.

Occupiers willingly report infestations and where infestations have been brought to the notice of occupiers, they have willingly signed Order Forms to have the infestations dealt with. No formal action has been taken.

Block Control.

When investigating complaints or dealing with infestations, the Rodent Operative surveys the area concerned and the survey is recorded. Infestations found during surveys are dealt with as already stated.

General.

Premises dealt with	926	
Visits made	2560	
Bodies seen—rats	488	+ 65 trapped
„ „ —mice	105	
Amount of poison bait taken—rats	814	3/5 oz.
„ „ „ „ „ —mice	182 oz.	
Estimated number of rats killed (assessed Ministry of Food formula)	2037	+ 65 trapped
Estimated number of mice killed (assessed 1/5th ounce per mouse)	910	

SECTION H.

WATER SUPPLY AND SEWAGE DISPOSAL, ETC.

The following information has been kindly provided by the Water Engineer, Mr. G. S. Short, M.A., LL.B., A.M.Inst. C.E., A.R.I.C., to whom I am indebted:—

“Water Supply.—The supply is pumped from the River Tees, is treated with alumina ferric and with sodium aluminate and is passed to the settling tanks where it remains for a period of about six hours. Water is then pumped through pressure filters and after filtration is treated with chlorine and ammonia. To counteract the possibility of plumbo solvency, lime is added before the water leaves the works.

“During the year bacteriological examinations of the raw filtered and chlorinated water were made on 52 occasions and on tap water from different areas of the town on 54 occasions.

“Details of the total annual water consumption for the last nine years are given below and it will be seen that the consumption for the year ending 31st March, 1949, has not maintained the general increasing trend of the last few years.

Year ending 31st March.					Gallons pumped.
1941	...	...	...	...	1,593,520,000
1942	...	...	...	...	1,670,190,000
1943	...	...	...	...	1,726,350,000
1944	...	...	...	...	1,863,230,000
1945	...	...	...	...	1,861,210,000
1946	...	...	...	...	1,899,850,000
1947	...	...	...	...	1,877,610,000
1948	...	...	...	...	1,950,890,000
1949	...	...	...	...	1,886,860,000

“Work on the scheme for the provision of an additional battery of seven pressure filters and for the installation of additional chemical plant was completed on 15th November, 1949, and all this plant is now in operation.

“During the year the River Tees fell to a level lower than that recorded in 1938 when after extraction by the Darlington Corporation and the Tees Valley Water Board, 22,000,000 gallons per day continued to flow over the Weir. During June of 1949, however, the flow was considerably lower as will be seen from the following figures:—

					Gallons per day.
Water pumped by Tees Valley Water Board	...	...	...	...	7,800,000
Water pumped by Darlington Corporation	...	...	...	...	5,100,000
Flowing over Weir	...	...	...	...	12,100,000
					<hr/> 25,000,000 <hr/>

“The water is pumped direct to the town to a covered service reservoir at Harrowgate Hill. The capacity of this reservoir is 7 million gallons.

"In order to guard against the possibility of typhoid infection it has been and will be the regular practice to examine all employees of the Water Undertaking before they commence work.

"The approximate total number of dwelling houses within the Borough is 24,360. This figure has been amended this year to allow for a number of demolitions of old property that have taken place. The whole of these are supplied by water mains direct into the houses except 75 which are served by stand pipes ; i.e., out of a total population of 84,000, 260 are served by stand pipes.

"Rivers and Streams.—The slow running River Skerne enters the town at its East boundary at Haughton-le-Skerne, from whence it flows West and then South. It is crossed by 12 road bridges and is the natural channel for floodwater in the case of heavy rain.

"The condition of the River Skerne has remained relatively good, the improvement reported last year being maintained. Analyses have continued to be taken and, as previously, it was found that the quality of the water varies considerably, being governed by the amount of suspended matter present ; the suspended solid matter is highest when the river is in flood. Watch is continued to see that pollution does not take place in the town itself.

"Sewage and Sewage Disposal.—The policy of the Council to introduce storm water relief sewers and the partially separate system of drainage continues and work on the construction of a new Main Outfall Sewer from the centre of the town to the Sewage Disposal Works commenced in August, 1948, and continues actively.

"The whole of the sewage is treated at the Stressholme Sewage Works where one half of the flow receives preliminary treatment in sedimentation tanks and is then treated by broad irrigation on the Stressholme Farm. The remainder is dealt with by the Sewage Purification Works completed in 1942, which consist of detritus and sedimentation tanks, percolation filters, humus and storm water tanks.

"Work on the scheme for the provision of four additional percolating filters which commenced in March, 1948, will be completed in February, 1950. A satisfactory effluent is being produced at the Sewage Works, but it is not as good as it was owing to the increased discharge of gas liquor under agreement with the Gas Board, and other trade wastes from different sources in the town.

"The Council has tried, wherever possible, to secure preliminary treatment of trade waste in various works in the town before it is discharged into the sewers and thus relieve the load on the purification works. In several instances Agreements under the Public Health (Drainage of Trade Premises) Act, 1937, have been made between the Council and industrial undertakings in the town."

Disposal of the Dead—Three Cemeteries with a total area of 100 acres situated in different parts of the town provide adequate facilities for burial. These Cemeteries are properly planned and well kept. The Crematorium at the West Cemetery is equipped with the latest type of Gas Furnace and is used increasingly each year. It is owned and operated by the Darlington Cremation Society.

SECTION I

AMBULANCE SERVICE

Mr. R. H. Patterson, A.M.I.F.E., Chief Fire and Ambulance Officer, in his annual report for 1949, makes the following observations:—

“The year has not been noteworthy so far as a large and spectacular fires are concerned. In a large number of cases fires occurred in premises of very high and congested fire risk, but due to early calls being received, and the quick response and work of the Brigade, the fires were prevented from reaching large proportions.

“The calls on the Ambulance Service have been great, but generally speaking, the organisation has been able to cope with the emergencies which have arisen.

“The demand and the necessity for Fire Prevention work has increased and the amount of work carried out during the year is the maximum which can be accomplished with the staff at present available.

“During the year steady progress has been made towards bringing the two departments up to and maintaining them at the level of efficiency demanded of essential public services, and to ensure that the obligations under the Fire Services Act are carried out. This progress has only been made possible by the consideration which has always been shown by your Committee, and this is greatly appreciated.

“I have also to thank the departments of the Corporation for their willing assistance and the personnel of the Fire and Ambulance Services for the ready co-operation, keenness, and loyalty during the year.”

The following table extracted from the aforementioned report shows the monthly totals of ambulance calls and mileage during the year.

TABLE XXVI.

WORK OF AMBULANCE SERVICE.

Month	Re- movals	Acci- dents	Not required	For Durham County	For North Riding	Total	Mileage
January	1079	81	8	33	7	1208	7296
February	1230	68	13	36	15	1362	8632
March	1410	70	20	43	6	1549	9123
April	1323	70	16	39	22	1470	9331
May	1469	80	4	47	12	1612	9601
June	1383	79	6	45	31	1544	9408
July	1354	96	22	41	15	1528	9191
August	1280	89	22	44	13	1448	10023
September	1418	79	17	59	11	1584	10459
October	1571	71	22	81	16	1761	9812
November	1479	64	24	98	29	1689	10152
December	1279	75	29	73	28	1484	9434
TOTALS	16275	922	203	684	205	18239	112462



COUNTY BOROUGH OF DARLINGTON

ANNUAL REPORT

OF THE

SCHOOL MEDICAL OFFICER

JOSEPH V. WALKER, M.D., M.R.C.P., D.P.H.

for the

Year Ending 31st December, 1949.

ANNUAL REPORT, 1949.

School Clinic,
Greenbank,
Darlington.

*To the Chairman and Members
of the Education Committee.*

Ladies and Gentlemen,

I have the honour to present the report for the year 1949 on the health of the school children of Darlington.

This was the first complete year of changed circumstances due to the National Health Service Act and it has to be admitted that such alterations as have been observed in the School Health Service, arising as a direct result of it, are for the worse. This is particularly noticeable in the School Dental Service where Darlington merely repeats, to a less severe degree than in many places, a situation common throughout the country. The Assistant School Dentist resigned from his appointment on 31st December, 1948, and in spite of attempts to fill the vacancy, his post remained unfilled throughout the year, leading to an inevitable decline in the amount of treatment available to school children. As anyone with any knowledge of dentistry will agree, care of the teeth in childhood is the prerequisite of a healthy mouth in later life and the heavy handicap, amounting in some places to its virtual disappearance, under which the School Dental Service labours at the present time, is more than likely to result in a deterioration that will undo much of the progress hitherto attained.

Darlington Education Authority is lucky indeed to have retained the services of their Senior Dental Officer, Mr. J. L. Liddell, who has been able with his known efficiency to maintain a sufficient if not a complete service.

Relations of Local Education Authorities with Consultants under the National Health Service have in some places been complicated and unsatisfactory. In Darlington the Authority has again been fortunate in possessing the services of Dr. A. McGarrity, a qualified Ophthalmologist, who has been able to carry out the bulk of the work arising in connection with defective vision, without the necessity of making outside arrangements.

With regard to other specialities, notably orthopaedics, the friendly relations hitherto maintained with the Consultants at the Darlington Memorial Hospital have been continued uninterrupted, but an increasing difficulty was found during the year in obtaining returns from the hospital of the work carried out on children. It is hoped that a mutually acceptable scheme will be provided in the near future to remedy this defect.

It is the proclaimed aim of the National Health Service to provide a practitioner for every person, adult or child, in the country who cares to avail himself of the amenity. As I commented in my introduction to the report last year, the natural result of this would be to eliminate the treatment aspects of the School Health Service altogether, which would then be concerned altogether in preventive and social medicine. This ideal clearly has much to recommend it, but is unlikely to be realised in the near future and we may believe that for some years yet the School Clinic will be welcomed for the curative work it carries out. The Clinic is, indeed, regarded with cordiality by the practitioners in Darlington, but a source of friction has arisen in some areas over the reference, by the Medical Officers at the Clinic, of school children to see a Consultant without bringing the National Health Service practitioner into the picture. The question of cross information between all parties concerned in child care is one of great importance. Both National Health Service practitioner and School Medical Officer have certain rights as they have certain duties in the matter, but the important thing here, as in all other fields of medicine, is to remember that what is of real concern is not the right of any doctor, but the health of the patient and when this is recognised it will be clear that all who share this interest need to be kept informed of all relevant matters.

The general health of the school children of Darlington revealed by Medical Inspection was satisfactory. In the returns made to the Ministry, 29.1% of all children inspected were graded in Category "A" (good general condition). Only 1% were placed in Category "C" (poor general condition). It would seem that the health of school children as well as of infants and toddlers has benefited by the provision in recent years of extra nourishment. It cannot be said that home circumstances are all that could be wished since the housing problem still lags behind what is required and overcrowding remains an unhealthy feature of many Darlington homes.

One matter to which even greater attention has been given than in previous years is the care of the feet. The foot of the child is so naturally adaptable that even quite unsuitable footwear may be worn for long periods without immediate ill-effect. Twenty or thirty years later, however, deformities of the foot beginning in childhood may lead to constant discomfort and crippling. The particular error against which parents must be warned is to allow their children to be content with shoes too small if a straight inner margin of the foot is to be preserved throughout childhood and adolescence.

An accidental but untoward result of the National Health Service Act was the separation of the Health and School Health Departments, the latter remaining at Greenbank, while the former moved to Feethams. As the Darlington District Hospital Management Committee remained most anxious to acquire full control of the Greenbank premises and as the return to circumstances wherein both departments could operate close together was equally desirable from the point of view of the Corporation, plans were drawn up to re-house

the School Health Department in admittedly temporary but otherwise satisfactory quarters adjacent to the Feethams Office. No steps beyond the preparation and approval of plans took place during 1949.

Changes were also planned at the Open Air School to provide more up-to-date and adequate accommodation. Whilst the alterations are proceeding arrangements have been made to keep the numbers as low as possible, the remaining children being housed temporarily in the existing administrative block and adjoining Sports Pavilion.

Finally I should like to thank Dr. Mc Garrity, Mr. Liddell and the staff of the School Medical Department individually and collectively for their keen and loyal work, and the Chairman and Members of the Education Committee for their interest and support.

I have the honour to remain, Ladies and Gentlemen,

Your Obedient Servant,

JOSEPH V. WALKER,
School Medical Officer

MEMBERS OF THE EDUCATION COMMITTEE.

Coun. M. Lyonette (The Mayor from May, 1949)

Ald. R. Luck (Chairman)

Ald. H. P. Bell, J.P. (Vice Chairman)

Ald. A. J. Best, J.P.

Ald. W. Heslop, J.P.

Ald. J. D. Hinks, J.P.

(till June, 1949).

Ald. W. G. Chandler, M.B.E., J.P.

(till May, 1949).

Ald. T. E. Hudson.

Coun. H. Buckborough.

Coun. J. Neasham.

Coun. Mrs. M. Lyonette, J.P.

(till May, 1949).

Coun. Mrs. M. M. Taylor, J.P.

(till May, 1949).

Coun. C. Dougherty.

Coun. F. Thompson.

Coun. G. E. Wilson.

Coun. J. W. Harrison

(till May, 1949).

Coun. R. F. Scott.

Coun. R. H. Loraine

(from May, 1949).

Coun. Mrs. Madderson

(from May, 1949).

Coun. G. L. Mortimer

(from May, 1949).

Coun. B. E. Pigg

(from May, 1949).

Coun. R. Thompson

(from July, 1949).

Miss O. M. Stanton, M.A.

SCHOOL MEDICAL AND DENTAL SERVICE STAFF.

School Medical Officer.

Joseph V. Walker, M.D., M.R.C.P., D.P.H.

Assistant School Medical Officers.

Annabella McGarrity, M.B., Ch.B., D.P.H., D.O.M.S.

J. F. Bishop, M.B., Ch.B.

Senior Dental Officer.

J. L. Liddell, L.D.S.

Anaesthetist.

E. R. Dingle, M.B., B.S. (from January, 1949) (Part-time)

Psychologist

R. V. Saunders, M.A., B.Ed.

Psychiatrist.

W. Hinds, M.B., B.S., D.P.M., F.R.S.M. (Part-time)

Teacher of Classes for Children Who Experience Hearing Difficulties.

Muriel Scott.

Senior School Nurse.

Gladys M. Whittaker.

School Nurses.

Doris M. Goodinson.

Laura Addison.

Hilda M. Gardiner.

Dorothy Young.

Educational Health Visitor.

Elizabeth H. Fleetham.

Clerks.

Audrey C. Smith (Senior Clerk).	Teresa Howell.
Patricia Harris.	Vera Salisbury (till 31/12 49).
Mary Langhorne.	

School Population.

2-5 years	...	...	...	...	...	...	476
5 years and over	...	...	...	...	...	...	11,648
							<hr/>
						Total ...	12,124
							<hr/>

School Meals and Milk.

1,148,579 meals were distributed to school children, of these, 55,073 were provided free. The average number of meals distributed per day was 5,765.

1,901,447 bottles of milk were supplied.

School Nurses.

The Nurses paid 620 surprise visits to the schools and 1,087 cases of uncleanliness of the head were found, as compared with 1,469 in 1948. The number of individual children remaining uncleanly in this respect at the end of the year was 437 as compared with 547 in 1948. It will be appreciated that the majority of the children showing any degree of infestation of the head come from homes where other members of the family, such as pre-school children, adolescent girls and elderly female relations are also infested, and unless and until all clean themselves or are cleaned up, a high relapse rate is to be observed.

Immunisation Against Diphtheria.

284 children completed a full course of immunisation, and 327 were given reinforcing injections.

Percentage of School Population immunised—56%.

Schick Tests were carried out as indicated below:—

Pre-Schick	Number Positive
250	123 — Equivalent to 49%.
Post-Schick	Number Positive
1,064	53 — Equivalent to 5%.

Infectious Diseases and Deaths Amongst School Children.

	Cases	Deaths
Scarlet Fever	40	—
Measles	160	—
Whooping Cough	35	—
Acute Pneumonia	2	—
Paratyphoid	1	—
Tuberculosis: Pulmonary	2	—
Non-Pulmonary	3	—
(including 1 T.B. Meningitis)		
Total ...	243	—

SCHOOL MEALS SERVICE.

The following is a typical three-weekly menu, showing the high standard and wide variety of the food prepared.

Week 1.

Week 2.

Monday.

Savoury Mince, Mashed Potatoes, Diced Carrots. Steamed Sultana Pudding, Creamola Sauce.

Steak (Cooked in Oven), Mashed Potatoes, Mashed Swedes, Steamed Mable Pudding, Creamola Sauce.

Tuesday.

Roast Topside of Beef, Gravy, Mashed and Baked Potatoes where possible, Mashed Swedes, Baked Date Pie (Ministry of Education Recipe), Custard Sauce.

Meat Pie, Gravy, Mashed Potatoes, Diced Carrots. Stewed Prunes and Custard.

Wednesday.

Meat Pie, Gravy, Mashed Potatoes, Marrowfat Peas, Stewed Prunes, Creamola Sauce.

Roast Beef, Gravy, Mashed and Baked Potatoes, Cabbage, Baked Syrup Tart, Creamola Sauce.

Thursday.

Meat Patties, Gravy, Mashed Potatoes, Cooked Greens, Steamed Apple and Fruit Roly Poly, Custard Sauce.

Steamed Mince Roly Poly, Gravy, Mashed Potatoes, Carrots. Rice Pudding & Stewed Apples.

Friday.

R.C. Schools and Nurs. Fish Cakes etc., Girls High School—Sausage. North Road School—Sausage. Grammar School—Liver. Remainder of Schools—Roast Topside of Beef, Gravy, Mashed and Baked Potatoes, Diced Carrots, (Eastbourne, Yorkshire Pudding for Senior Girls) Baked Isle of White Pudding, Creamola Sauce.

R.C. Schools, Grammar, High and North Road Schools—Cheese and Potatoe Pie. Eastbourne Girls' School—Sausage Remainder of Schools—Savoury Mince, Mashed Potatoes, Diced Carrots, Steamed Ginger Pudding, Creamola Sauce, Fingers of Cheese.

Week 3.**Monday.**

Meat Pie, Gravy, Mashed Potatoes, Cooked Diced Carrots. Rice Pudding and Jam.

Tuesday.

Savoury Mince, Mashed Potatoes, Greens, Steamed Jam Roly Poly, Creamola Sauce.

Wednesday.

Cold Boiled Ham, Mashed Potatoes, Salad Dressing (Salads of Cooked Beetroot, Grated Carrots, Cooked Peas). Fruit Jelly (Tinned Fruit set in Jellies), Decorated with Mock Whip Cream, Custard Mould. Fresh Fruit.

Thursday.

Roast Topside of Beef, Gravy, Mashed Swedes, Mashed and Baked Potatoes, Christmas Pudding and Custard Sauce. Mince Pies.

MINOR AILMENTS CLINIC

The Minor Ailments Clinic has been held as in previous years on the afternoon of every school day. The Assistant School Medical Officer attends to see patients on Mondays, Wednesdays and Fridays. On the other afternoons the School Nurses deal with the children who attend.

It is interesting to note that in spite of the provision under the National Health Service Act of a family doctor for every member of the population, including those of school age, the number of attendances is comparable with that of the previous years and the somewhat lessened total has correlated with the summer months and has shown the beneficial effect of a warm sunny summer upon children's health. The figure for 1947, a summer much the same, is similar; 8136 total attendances for 1949, 8314 for 1947. These figures are for primary and secondary schools only.

This year for the first time the Ministry of Education required a return including in this total children attending special schools, thus the figure in table IV at the end of this report does not reflect what was an actual improvement for 1948.

INCIDENCE OF RINGWORM.

The following table gives the incidence of ringworm during the past five years :—

1945	...	1 Scalp
		3 Body
1946	...	18 Scalp
		23 Body
1947	...	3 Scalp
		1 Body
1948	...	7 Scalp
		2 Body
1949	...	4 Scalp
		7 Body

Cases in Darlington are treated at the School Clinic or privately and are excluded from school until completely cured.

The routine treatment carried out at the Clinic is epilation, together with daily application of an anti-parasitic ointment, usually Cuprosal, followed up by Iodex, the average case clearing up in about six weeks. In very mild cases Iodex alone may be sufficient.

SALTERS LANE OPEN AIR SCHOOL

The number of children on the register on 31st December, 1949 was 104.

Medical inspections carried out were as follows:—

127	Routine
416	Special
107	Re-inspections.

Cleanliness — With one or two exceptions, the children are clean. Weekly inspections of heads and bodies are carried out, and if necessary, treatment and advice given.

Treatment of Minor Ailments — The average number of attendances for treatment per month was 300. Type of defects treated:— abrasions, sore throats, otorrhoea, sprains, septic fingers, septic feet, 1 child with tracheotomy tube.

Shower Baths — Children who are suitable have the benefit of a regulated shower which helps to tone up the general system. These are supervised by a School Nurse and Bath Attendant.

Ultra Violet Light—The number of children treated was 47.

Vitamins—

Children on Hypotency Tablets	...	...	50
„ „ Cod Liver Oil Emulsion	...	...	100
„ „ Fersolate Tablets	...	...	40

Meals—The Meals cooked in the school kitchen have been up to the usual high standard and have been fully appreciated by the children.

A nurse is in daily attendance, thus ensuring a close liaison between the medical and teaching staff.

A Medical Officer visits the school each month for inspections and general observation of the children.

Barnard School for Educationally Sub-Normal Pupils.

At the end of the year 47 children were in attendance, 8 children were admitted, 15 left, 4 were notified to the local authority and 2 were excluded from school attendance.

45 routine, 65 special and 17 re-inspections were carried out.

Nursery Schools and Classes.

208 routine inspections were carried out in the above schools. 23% were classified as Nutrition "A" (Good) and 77% as Nutrition "B" (Fair).

Miscellaneous Examinations.

140 teachers, clerks and others were examined and certified fit to commence duty or able to return to duty after prolonged illness.

205 children were examined and certified fit to take up part-time employment.

HANDICAPPED CHILDREN.

Blind and Partially Sighted — 8 are in Residential Special Schools.

Deaf and Partially Deaf—1 is in a Residential Special School, 5 travel daily to Stockton School for the Deaf and 69 are attending special classes for lip-reading.

Delicate — 82 are in attendance at the Open Air School, 17 are excluded from school attendance, 1 is in Shotley Bridge Hospital, and 9 are in ordinary schools where their education proceeds without detriment to them.

Physically Handicapped—4 are in Orthopaedic Hospital Schools 13 are in attendance at the Open Air School, 6 are excluded from school attendance and 44 are educated in ordinary schools.

Educationally Sub-Normal—1 is in a Residential Special School, 36 are in Barnard Street School, 1 is in the Special School at West Hartlepool, 6 are in ordinary schools and 2 are excluded from school attendance.

Multiple Defects—11 are in Barnard School, 9 at the Open Air School, 1 in a Residential Special School, 3 are excluded from school attendance and 3 are educated in ordinary schools.

OPHTHALMIC CLINIC.

The School Ophthalmologist, Dr. A. McGarrity reports as follows:—

Of 613 children refracted for defective vision, 578 were ordered glasses. 105 were found to have squints of varying degree. 47 were occluded and 14 of these were referred to Orthoptic Clinic at the Memorial Hospital. 125 received treatment for external diseases of the eye which consisted chiefly of conjunctivitis and blepharitis.

One girl was notified as partially blind and a place was found for her in a residential school.

One case of unusual interest came under our observation. A child of 9 years, who had been placed in the blind category following Tuberculous Meningitis, had regained her sight to such an extent under Streptomycin Therapy in the Memorial Hospital, that she, instead of being placed in a Blind School, was able to be admitted to our own Open Air School.

DENTAL REPORT.

The Senior Dental Officer, Mr. J. L. Liddell, has reported as follows :—

This has been an unfortunate year, as there has been only one Dental Officer on the Staff. This means that half the schools have been inspected and if another Dental Officer is not appointed soon children will only be examined once every two years. Already, in consequence of this, there has been a large increase in the number of cases for emergency treatment and more time has had to be set aside to deal with these cases.

Dr. Dingle was appointed anaesthetist at the beginning of the year and the number of anaesthetist cases was practically the same as in the previous year.

Fillings have decreased by 1,320, which, I am afraid, will result in an increase in the extraction of permanent teeth in the near future.

It is hoped that the School Dental Service will soon be made more attractive and that an Assistant Dental Officer will be appointed.

CHILD GUIDANCE.

The Educational Psychologist, Mr. R. V. Saunders, has reported as follows:—

Staff:—

The staff of the Clinic has been augmented in two ways:—

- (a) In September the Psychiatrist commenced to attend the Clinic for 4 sessions weekly as against two weekly sessions previously. The most immediately noticeable effect of this was to enable more treatment to be undertaken.
- (b) In May official sanction was obtained for the employment of full time clerical assistance at the Clinic. We have in consequence, been able to improve considerably the case record system and the system of case reports.

	No. of Cases opened	No. of Children examd. or interv'd.	No. of Parents interviewed
Year ending 31-12-49	136	1577	579

Sources of patients referred.

Schools	...	...	...	...	34
Medical Service	...	...	...	...	21
Parents	...	...	...	...	35
Probation Officers	...	...	...	...	13
Family Doctors	...	...	...	...	10
Darlington Education Committee	...	...	...	...	3
Hearing Clinic	...	...	...	...	6
Total					122

It is to be noted that this table refers to the work of the Clinic in respect of Darlington children (Stockton and other patients are omitted). Four Darlington patients not of school age are included in these figures.

Many referrals of enuretics which would normally have been made by the School Medical Service have been made by parents direct to the Clinic, probably as a result of the good relations established between the Clinic and Parent-Teacher Associations during the past year.

TABLE IIIA. Types of Referral Problem distributed according to age(122 Darlington cases) :—

		2	3	4	5	6	7	8	9	10	11	12	13	14	15	15+	Total
Organic	Boys	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	2
	Girls	—	—	—	1	—	—	—	—	—	1	—	—	—	—	—	2—4
Intellectual	Boys	—	1	—	—	—	1	6	4	4	2	1	1	2	1	1	24
	Girls	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1—25
Behaviour	Boys	—	—	2	—	3	2	1	—	3	1	4	3	1	1	—	21
	Girls	—	1	1	1	—	2	1	—	1	1	1	—	2	—	—	11—32
Emotional	Boys	—	—	—	1	3	—	2	—	1	1	—	1	—	—	—	9
	Girls	1	—	—	3	—	—	1	1	—	—	1	—	—	—	1	8—17
Habit	Boys	—	2	—	2	1	—	3	1	4	5	—	2	—	1	—	21
	Girls	—	2	2	2	2	—	5	1	1	4	1	2	1	—	—	23—44
Totals ...		1	6	5	10	9	7	19	8	14	15	8	9	6	3	2	122

TABLE IIIB. Types of Problem distributed according to Intelligence (122 Darlington cases) :—

		IQ :	Below 70	70—85	85—115	116—130	Over 130	Total
Organic	Boys		—	—	1	—	1	2
	Girls		—	—	—	1	1	2
Intellectual	Boys		5	10	8	—	1	24
	Girls		—	1	—	—	—	1
Behaviour	Boys		—	5	14	1	1	21
	Girls		—	4	7	—	—	11
Emotional	Boys		—	1	4	3	1	9
	Girls		—	2	4	1	1	8
Habit	Boys		—	3	13	5	—	21
	Girls		1	4	12	4	2	23
Totals ...			6	30	63	15	8	122

From the above tables it will be seen that the year groups best represented are those from 5 to 13 years and that the intelligence

categories best represented are those of average and low average intelligence. It is also of interest to note that only in the case of male behaviour referrals do more than 50% of the subjects belong to the 10 age groups. This is a reflection of the greater social demands made with increasing age, and of the inadequacy of the social training of these particular children for the new era of adolescence.

Disposals.

The 122 Darlington cases referred to the Clinic were disposed of as follows (Table IV also shows closures up to and including January, 1950):—

TABLE IV.

	Total	Closed 1949	Still Open
Advice	40	29	11
Advice and Placement ...	8	5	3
Treatment Recommended ...	74	22	52
	<u>122</u>	<u>56</u>	<u>66</u>

Treatment.

Treatment undertaken covered:

- (a) Cases carried forward from previous years.
- (b) Cases opened during the year.

TABLE V.

	Closed- completed	Closed Uncompleted		Continuing into 1950	On treatment waiting list for 1950
		Part Improved	Less Improved		
Cases opened in 1949	16	3	3	48	4
Cases brought forward from previous years	12	3	5	11	29

N.B.—Closures include those made in January, 1950.

Of 29 cases from previous years shown on the Waiting List for 1950, 25 are old enuretic cases reopened in view of the fact that the existing Clinic team views enuresis as a problem capable of yielding to treatment where circumstances are favourable.

This has created an artificial "bulge" in the compartment which would normally show only 4 cases as on the 1950 waiting list.

Points from the Year's Work:

- (1) Housing difficulties are still an important factor in a fair number of cases.
- (2) Almost one-fourth of the cases referred during the year involved as a primary factor, domestic situations which might be described under the heading of "**Broken or insecure homes**" and sub-divided into the following categories:—

(a) Home broken by matrimonial discords, divorce or separation	... ..	15 cases
(b) Home broken by bereavement	... ..	3 „
(c) Illegitimacy problems	... ..	4 „
(d) Adoption Problems	... ..	3 „
(e) Step and Foster Parent Problems	... ..	2 „
- (3) Success in the treatment of enuresis appears to depend, partly at least, on the mental age of the child. In the main, older and more intelligent children seem to make a better response, although this is not invariably the case. In addition we believe that the best results have been obtained by treating the child directly and not through the parent (although in all cases parental co-operation is a *sine qua non*).

This pre-supposes the fact that the child is sufficiently intelligent to benefit by direct interviews.

We do not as yet have sufficient completed enuretic cases to justify more than a few general deductions but hope to be able to make more detailed findings when we have more material available.

- (4) We still encounter occasionally and deplore the impression which those who do not have direct knowledge of us seem to have, that the methods of the Clinic partake of some beneficent form of magic. This injures us in two ways; in the first place, some who come to us for help appear to expect dramatic results and are disappointed when they find that the process is more protracted than they at first believed; in the second place, it can be distressing if also in some way flattering to be approached when other means of dealing with a case have failed.

The truth of the matter is that our methods are eminently rational and depend upon a successful directing of natural resiliences.

PARTIALLY DEAF CHILDREN.

The Teacher of the Deaf, Miss Muriel Scott, reports as follows:—

In January the Gramophone Audiometer was ready for use. This Audiometer is designed to give a simple test of hearing to every school child of eight years and over. The Audiometer tests twenty children simultaneously. It is our aim to test every school child eventually. It was decided to begin on the eight to ten year age groups. In the beginning the Teacher of the Deaf was assisted by the Senior School

Nurse, but in the later part of the year the Senior School Nurse has conducted the testing on her own. I would like to thank Head Teachers and staff of the schools already visited for their excellent co-operation.

The Purposes of the Survey.

- (1) To ascertain the extent of deafness amongst the children of Darlington.
- (2) To ascertain the degree of deafness which individuals suffer.
- (3) To discover how many are educationally retarded by deafness.

The Survey so Far.

1,870 children have been tested.

The Procedure.

- (a) Group testing by Gramophone Audiometer.
- (b) Individual testing of children who fail in (a).
- (c) Report from School Medical Officer of children who fail in (b).
- (d) Report from Head Teachers of child's educational attainments.
- (e) Recommendation on dealing with children who have some ear defect.

The Group Testing.

Although the test itself is as simple as possible (the child writing down numbers he hears through his ear phone) a considerable number of disadvantages have been met with and although some of them can be overcome, many are inevitable, e.g.:—

- (i) Failure by children of low intelligence to understand fully what is required.
- (ii) General nervousness of the unknown.
- (iii) Lack of concentration.
- (iv) Temporary illnesses, e.g., catarrh, colds etc.

At present all children who fail are on a waiting list for individual testing at the Hearing Clinic, but we hope eventually to be able to re-visit a school to give all doubtful cases a re-test rather than the slow method of the moment of testing absentees and doubtfuls on the Pure Tone Audiometer.

Pure Tone Audiometric Testing.

All children who fail on the Gramophone Audiometer test attend the Hearing Clinic. A Pure Tone test is given and after a report from the School Medical Officer together with one from the Head Teacher, the parents are advised on the best educational course.

Table to Show Result of Survey.

Total No. tested	No. referred for re-test	No. re-tested	No. requiring special classes
1,870	370	182	45

Cases still continue to be referred from the Medical Officer of Health, the Ear, Nose and Throat Surgeon, the Assistant School Medical Officer, Head Teachers, parents and outside Authorities. From these sources 59 children have been tested and found to require special educational treatment.

The following Table indicates the different treatment given.

No. of cases examined	No. ascertained as totally deaf	No. for lip reading	No. with speech defects resulting from deafness	No. for speech and lip reading
241	3	69	24	35

14 children of school age and under, with a speech defect, are attending here until a Speech Therapist is appointed.

Of the remaining 96, 70 were found to require no special treatment. 10 were referred to the Child Guidance Clinic and the remainder were listed for re-testing in six months after Clinic or Hospital treatment.

Three days per week are now given to this work, the time-table being as follows:—

Monday morning—Speech and lipreading with totally or severely deaf children below school age.

Monday afternoon—Lipreading and Speech classes with Senior school children.

Wednesday morning—Lipreading and Speech classes with Junior school children.

Wednesday afternoon—Speech classes with Infants' and Nursery school children.

Friday morning—Testing and interviews with parents.

Friday afternoon — Lipreading and Speech with young deaf children.

Gramophone Audiometer testing takes place in school on Tuesdays or Wednesdays, one session only.

For the future—this year we hope to complete testing of the eight to ten age group and begin on the senior children.

PHYSICAL EDUCATION.

The Organiser of Physical Education, Miss Joyce O. M. Howe, reports as follows :—

PHYSICAL EDUCATION IN SCHOOLS.

I—SECONDARY.

1. Men Teachers' Course.

The first course for men teachers in Secondary Modern Schools since 1939 was held in Darlington. The Organiser of Physical Education for South Shields was the Instructor, since there has been no man Organiser for the town during this period. The attendance at this course of 12 sessions was excellent, and it was obvious that all members enjoyed and appreciated the classes.

2. Cricket.

Two half portable concrete wickets and matting have been supplied to two secondary modern Boys' Schools. These are giving excellent service and will supply a long felt need for a medium where boys can play with safety and gain a knowledge of stroke play hitherto impossible on unprepared wickets.

It is hoped to complete the wickets by adding sections at a future date.

3. Football Coaching.

Four Secondary Modern Schools have been able to take advantage of the Football Association's Scheme for coaching schoolboys. Two of the Association's coaches have given three afternoons to each school using modern coaching methods for which they have been specially trained. These afternoons have been very successful, for, apart from the glamour that necessarily surrounds an ex-England footballer and a First Division team player, the results have shown a marked improvement in play.

II — PRIMARY

1. Darlington Agility Apparatus.

In the last report it was noted that this apparatus had been installed at certain of the Darlington schools. Considerable public interest has been aroused, and special attention and care has been given to the possibility of accidents, particularly on two high units.

Last year the Organiser took the opportunity of stating that "During the past three years of experience there was only a small proportion of minor accidents on the apparatus by comparison with those which occurred on playing fields, playgrounds and schools." It is also note-worthy that only two of the accidents on apparatus happened during physical training lessons.

After a whole year's use by all junior and infant schools save one, an analysis of accidents proves that only 5½% of the total could be attributed to agility apparatus. The remaining 94½% took place in playgrounds, playing fields, gymnasias and indoors.

2. Talks to Parent Teacher's Associations

One of the Organiser's privileges was that of talking to various Parent-Teacher Associations. For the most part these talks were based on the evolution of the modern physical training lesson. At these meetings opportunity was given to parents to raise questions the most common were why children should strip, why should they do barefoot work and what was the value of agility apparatus.

3. Film Show

Three films made by the Halifax Education Committee's Organisers were shown on two separate evenings to about two hundred teachers.

III — ENGLISH FOLK DANCING COURSE

A course of twelve sessions was given by Miss Hogg of the E.F.D.S. Newcastle, with a result that there are many more entries for the town's Music Festival this year.

IV — SWIMMING

1. Summer Swimming in Schools during term-time

Unfortunately the Kendrew Bath was closed for some months during the year. During this period the schools were allowed the use of the Gladstone Bath for all children who were reasonably good swimmers. Twenty schools took part in this scheme which accommodated 1,200 children. When the Kendrew Bath re-opened it was found necessary to start a before-school period, from 8-30 a.m. to accommodate 1,500 extra children.

2. Life Saving Awards ...

Intermediate Certificate	...	20
Medallion	...	46
Bar to Medallion	...	13
Bronze Cross	...	16
		—
Total	...	95
		—

3. Holiday Swimming.

This year summer swimming reached its peak of 3,000 children weekly. These children received free instruction and free admission to the bath where arrangements were made to join one of six classes which included training for beginners, improvers, life saving, crawl and diving. It is regretted that after three years this scheme is to be discontinued because of the need for economy.

4. Winter Swimming.

This year is the third season for winter swimming. It is interesting to note that four schools took part in the first season, nineteen in the second and twenty-five this year. It therefore appears that winter swimming has now become an established part of the school curriculum.

V—OTHER ACTIVITIES.

It was possible for members of Youth Organisations and Youth Leaders to take part in ten different activities:—Archery, Basket Ball, Boxing, Fencing, Football Coaching, Lawn Tennis, Leaders Course in Physical Recreation, Softball, Hockey Coaching, Dancing, — Ballroom, Irish, English Folk, Scottish and Traditional and Second Youth Athletic Sports Meeting.

2. **Football Pitches**

Pitches have been let consistently throughout the season to Youth Organisations.

APPENDIX TABLES.**TABLE I. Medical Inspection of Pupils attending Maintained Primary and Secondary Schools (including Special Schools)****A. PERIODIC MEDICAL INSPECTIONS.**

Inspections in the prescribed Groups:—

Entrants	910
Second Age Group	519
Third Age Group	768

Total	...	2,197
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Other Periodic Inspections	352
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Grand Total	...	2,549
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B. OTHER INSPECTIONS.

Special Inspections	3,144
Re-inspections	1,018

Total	...	4,162
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C. PUPILS FOUND TO REQUIRE TREATMENT AT PERIODIC MEDICAL INSPECTIONS.

Group (1)	For defective vision (excluding squint) (2)	For any of the other conditions recorded in Table IIA (3)	Total individual Pupils (4)
Entrants	4	149	152
Second Age Group	37	42	78
Third Age Group	54	67	115
Total (prescribed groups).	95	258	345
Other Periodic Inspections	16	118	128
Grand Total	111	376	473

TABLE II A. Return of Defects found by Medical Inspection.

Defect Code No.	Disease or Defect (1)	PERIODIC INSPECTIONS		SPECIAL INSPECTIONS	
		No. of defects		No. of defects	
		Requiring treatment (2)	Requiring to be kept under observation but not requiring treatment (3)	Requiring treatment (4)	Requiring to be kept under observation but not requiring treatment (5)
4	Skin	21	7	152	—
5	Eyes—	111	28	87	8
	a. Vision	21	8	23	6
	b. Squint	19	1	106	1
6	Ears	13	9	19	10
	a. Hearing	6	—	36	—
	b. Otitis Media	13	—	119	—
	c. Other	89	155	209	72
7	Nose or Throat—	7	10	8	18
8	Speech	7	37	8	7
9	Cervical Glands	80	28	35	27
10	Heart and Circulation	19	14	23	9
11	Lungs	1	1	—	1
12	Developmental—	2	21	—	1
	a. Hernia	1	1	—	1
	b. Other	1	26	1	16
13	Orthopaedic—	3	72	13	80
	a. Posture	25	34	21	10
	b. Flat Foot				
	c. Other				
14	Nervous System—	1	—	—	—
	a. Epilepsy	11	—	2	6
	b. Other				
15	Psychological—	10	7	26	66
	a. Development	11	46	24	12
	b. Stability				
16	Other	92	19	1,484	10

TABLE II.B. Classification of the General Condition of Pupils Inspected during the year in the Age Groups:—

Age Groups (1)	Number of Pupils Inspected (2)	A (good)		B (fair)		C (poor)	
		No. (3)	% of col. 2 (4)	No. (5)	% of col. 2 (6)	No. (7)	% of col. 2 (8)
Entrants	910	294	32.3	603	66.3	13	1.4
Second Age Group	519	130	25.0	386	74.4	3	0.6
Third Age Group	768	246	32.0	514	66.9	8	1.0
Other Periodic Inspections	352	73	20.7	277	78.7	2	0.6
TOTAL	2,549	743	29.1	1,780	69.9	26	1.0

TABLE III. — Infestation with Vermin

(i) Examinations in the schools by the school nurses or other authorised persons ...	29,789
(ii) Individual pupils found to be infested ...	1,087
(iii) Individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944) ...	—
(iv) Individual pupils in respect of whom cleansing orders were issued (Section 54 (3) Education Act 1944) ...	—

TABLE IV — Treatment Tables

GROUP 1.—MINOR AILMENTS (excluding uncleanness, for which see Table III).

(a)	Number of Defects treated or under treatment during the year
SKIN.—	
Ringworm—Scalp—	
(i) X-Ray Treatment ...	4
(ii) Other treatment ...	7
Ringworm—Body ...	32
Scabies ...	85
Impetigo ...	45
Other skin diseases ...	125
Eye Disease ...	
(External and other, but excluding errors of refraction, squint and cases admitted to hospital).	
Ear Defects ...	174
Miscellaneous ...	1,414
(e.g. minor injuries, bruises, sores, chil-blains etc).	
Total ...	1,886
(b) Total number of attendances at Authority's minor ailments clinics ...	10,378

GROUP II.—DEFECTIVE VISION AND SQUINT (excluding Eye Disease treated as Minor Ailments—Group 1).

	No of Defects dealt with
ERRORS OF REFRACTION (including squint) ...	578
Other defect or disease of the eyes (excluding those recorded in Group 1)	10
Total ...	588
Pupils for whom spectacles were—	
(a) Prescribed	578
(b) Obtained	377

GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

	Total number treated
Received operative treatment—	
(a) for adenoids and chronic tonsillitis ...	252
(b) for other nose and throat conditions ...	45
Received other forms of treatment	118
Total ...	415

GROUP IV. ORTHOPAEDIC AND POSTURAL DEFECTS

(a) No. treated as in-patients in hospitals or hospital schools	14
(b) No. treated otherwise e.g. in clinics or out-patient departments	44

GROUP V.—CHILD GUIDANCE TREATMENT AND SPEECH THERAPY.

Pupils treated—	
(a) under child guidance arrangements ...	118
(b) under speech therapy arrangements ...	8

TABLE V. — Dental Inspection and Treatment.

(1) Pupils inspected by the Authority's Dental Officers—	
(a) Periodic age groups	4,693
(b) Specials	656
(c) TOTAL (Periodic and Specials)	5,349

(2) Found to require treatment	...	...	...	2,478
(3) Actually treated	...	...	...	2,106
(4) Attendances made by pupils for treatment	...			3,057
(5) Half-days devoted to: (a) Inspection	...	...		36
(b) Treatment	...			289
				<hr/>
			Total (a) and (b)	325
(6) Fillings:				
	Permanent Teeth	...		1,804
	Temporary Teeth	...		—
				<hr/>
			Total	1,804
(7) Extractions:				
	Permanent Teeth	...		209
	Temporary Teeth	...		1,947
				<hr/>
			Total	2,156
(8) Administration of general anaesthetics for extraction	...	...	...	699
				<hr/>
(9) Other Operations:	(a) Permanent Teeth	...		168
	(b) Temporary Teeth			—
				<hr/>
			Total (a) and (b)	168
				<hr/>

